



IOWA DEPARTMENT OF HUMAN SERVICES

**DIVISION OF ADULT, CHILDREN AND FAMILY
SERVICES**



TITLE IV-B CHILD AND FAMILY SERVICE PLAN

FFY 2012 ANNUAL PROGRESS AND SERVICES REPORT

Submitted To:

U.S. Department of Health and Human Services

JUNE 30, 2011



**Title IV-B Child and Family Service Plan
FFY 2012 Annual Progress Services Report**

State of Iowa

Iowa Department of Human Services

Division of Adult, Children and Family Services

Contact Person

Name: Kara L. Harvey, MSW, LMSW

Title: CFSR, IV-B & PSSF Coordinator

Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut
Des Moines, IA 50319

Phone: (515) 281-8977

FAX: (515) 281-6248

E-Mail: kh Harvey@dhs.state.ia.us

Table of Contents

INTRODUCTION 6

 Changes to Iowa’s 5 Year Child and Family Service Plan 7

SECTION A: PROGRAM SERVICE DESCRIPTION 10

 The Stephanie Tubbs Jones Child Welfare Services Program..... 10

 (title IV-B, subpart 1)..... 10

 Promoting Safe and Stable Families Programs (PSSF) 30

 (title IV-B, subpart 2)..... 30

PSSF Planning 30

PSSF Family Preservation..... 43

PSSF Family Support..... 44

PSSF Time-Limited Family Reunification 49

PSSF Adoption Promotion and Support Services 50

SECTION B: COORDINATION AND COLLABORATION EFFORTS..... 51

 Collaborative Panels/Committees 51

Child Welfare Partners Committee (CWPC) 51

Child Welfare Advisory Committee (CWAC) 52

 Collaborative Initiatives..... 53

SECTION C: PROGRAM SUPPORT..... 56

 Iowa Department of Human Services Training 56

FFY 2012 IDHS Child Welfare Course Training Plan..... 61

 Course Offerings, including New Courses, and Benefiting Programs..... 61

 Child Welfare Provider Training 69

SFY 2011 Child Welfare Provider Training Academy Curriculum Development Plan..... 70

FY 2011 Child Welfare Provider Training Academy Plan (9/1/10) 71

 State Technical Assistance..... 76

Management Information System: Statewide Automated Child Welfare Information System (SACWIS) 76

Results Oriented Management (ROM): 77

 Training and Technical Assistance 78

Multi-state Foster Care Data Archive 78

Iowa Based Research..... 79

Technical Assistance 79

SECTION D: COORDINATION WITH TRIBES 80

SECTION E: HEALTH CARE OVERSIGHT AND COORDINATION PLAN	84
SECTION F: DISASTER PLAN.....	86
SECTION G: FOSTER AND ADOPTIVE PARENT RECRUITMENT	93
SECTION H: MONTHLY CASEWORKER VISITS.....	95
SECTION I: ADOPTION INCENTIVE PAYMENTS	98
SECTION J: CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES.....	98
SECTION K: QUALITY ASSURANCE SYSTEM	99
SECTION L: CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS	104
Chafee Foster Care Independence Program.....	104
<i>Program Service Description:</i>	104
<i>Collaboration:</i>	104
<i>Program Support:</i>	104
<i>CFCIP Seven Purpose Areas:</i>	104
<i>Coordination of services with other Federal and State programs for youth:</i>	114
<i>If applicable, update the service design and delivery of a new or changed trust fund program.</i>	117
<i>Describe any activities undertaken to involve youth (up to age 21) in State agency efforts such as the CFSR/PIP process and agency improvement planning efforts.</i>	117
<i>Medicaid Coverage for former foster youth ages 18 through 20:</i>	117
<i>Results of the Indian Tribe consultation (Section 477(b)(3)(G), specifically, as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:</i>	118
<i>NYTD:</i>	119
Education and Training Voucher (ETV) Program	120
<i>Program Service Description:</i>	120
<i>Collaboration:</i>	120
<i>Program support:</i>	120
<i>Accomplishments and planned activities/Section E:</i>	120
<i>Indicate how the ETV program is administered/Section E:</i>	121
SECTION M: STATISTICAL AND SUPPORTING INFORMATION.....	122
Education and Training Vouchers.....	122
Inter-Country Adoptions	122
SECTION N. FINANCIAL INFORMATION	123



Payment Limitation: Title IV-B, Subpart 1:	123
Payment Limitation: Title IV-B, Subpart 2:	123



INTRODUCTION

In June 2009, the Iowa Department of Human Service (IDHS) developed a Child and Family Service Plan (CFSP) that sets forth the Department's vision and goals to be accomplished for FYs 2010 through 2014. The purpose of the CFSP is to strengthen the States' overall child welfare system and to facilitate the state's integration of the programs that serve children and families into a comprehensive and continuum array of child welfare services from prevention and protection through permanency. These programs include title IV-B, subparts 1 and 2 of the Act, the Child Abuse Prevention and Treatment Act (CAPTA), the Chafee Foster Care Independence Program (CFCIP), and the Education and Training Vouchers (ETV) programs for older and/or former foster care youth. IDHS administers the IV-B, CAPTA, CFCIP and the ETV programs described within Iowa's CFSP.

Iowa's Annual Progress and Services Report (APSR) provides an annual update on the progress made toward accomplishing the goals and objectives identified in the state's CFSP for the previous fiscal year (2010-2011) and the planned activities for next fiscal year (2012) .

In 2010, Iowa experienced two federal reviews, the Child and Family Services Review (CFSR) in August and the title IV-E Foster Eligibility Review in September. For the CFSR, IDHS engaged stakeholders throughout the process, from the Statewide Assessment to the Program Improvement Plan (PIP). Stakeholders included: agencies, organizations and individuals, juvenile court services, the state's court improvement program, Tribes, providers, and faith-based and community organizations. Findings of the CFSR and the title IV-E Foster Eligibility Review are integrated into the findings of this APSR.

Budget Situation:

Since the 2010 APSR, IDHS sustained reductions in funding for operations and services, including:

- \$50.2 million less appropriated in 2010 legislative session than Governor requested
- \$84 million reduction in appropriation to be implemented across state agencies by the Department of Management to align agencies' appropriations with several pieces of 2010 legislation and Executive Order 20 mandating efficiencies and reductions in state government.

In addition, to reduce the overall state workforce, IDHS and other state agency employees were offered an early retirement incentive with separation from state employment by June 24, 2010. Approximately, six-hundred-thirty-eight IDHS staff retired. Many critical positions were refilled, especially those positions under child protection which include CAPTA and the Children's Justice Act grant.

Although the IDHS' State Fiscal Year (SFY) 2012 budget has not been approved, the IDHS anticipates a continued reduction in funding for operations and services, which may necessitate layoffs in central office and field staff. However, the IDHS will attempt to reduce the impact that a reduction in financial resources may have on staffing and services provided to children and families served by Iowa's child welfare system.

Changes to Iowa's 5 Year Child and Family Service Plan

Due to the results of the 2010 CFSR and the upcoming implementation of the 2011 Program Improvement Plan (PIP), Iowa's 5 year Child and Family Service Plan (CFSP), *Goals, Objectives, and Activities*, are modified to reflect the new focus as outlined in the enclosed APSR, *2011 CFSR PIP*, which is woven throughout the APSR. Below is a list of those CFSP activities that are no longer a focus for Iowa's child welfare system due to completion or a change in focus:

- *Safety:*
 - Implement changes in safety and risk assessments, based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work (completed)
 - In collaboration with the Iowa Department of Public Health and Iowa Children's Justice, implement revised protocol for drug testing. (completed)
- *Permanency and Well-Being:*
 - Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice (completed)
 - Continue expansion of Transitioning Youth Initiative
 - Provide a framework to help staff become better purchasers of group care (completed) and engage Casey Family Programs in working with DHS, JCS and group care providers to shift from "bricks and mortar" to family-based services (completed)
 - Develop a comprehensive plan/model for contracting with child welfare service providers that supports achieving safety, permanency and well-being outcomes, including a framework for emergency services (completed)
 - Implementing policy and practice changes included in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (completed)
 - Implementing new kinship guardianship
- *Service Array:*
 - Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical cost categories (e.g., staff salaries)
 - Implement comprehensive plan/model for contracting with child welfare service providers, including implementing a fair and adequate provider payment/reimbursement system with performance based incentive payments
 - Implement group care RFP (completed)
 - Identify and implement more evidence-based services/programs (completed)
- *Quality Assurance:*
 - Complete CFSR Statewide Assessment and On-site Review (completed)

The following clarifications are made to the CFSP to enhance alignment with outcomes and systemic factors of the CFSR and the PIP:

- *Safety:*
 - In collaboration with the Iowa Department of Public Health and Iowa Children's Justice, expand protocol serving families involved in both child welfare and substance abuse system and improve data collection (PIP-Improve Permanency, Joint Substance Abuse Protocol)
- *Permanency and Well-Being:*



- Further integrate Family Interaction into practice to improve frequency and quality of parent-child visits as a pathway to permanency and to inform case work practice (PIP-Family Interaction)
- Expand Parent Partners program and Iowa Foster Care Youth Council (formerly Elevate) (PIP-Expand Parent Partners and Expand foster care youth and foster care alumni youth involvement)

The following chart notes an activity in Iowa's CFSP and the corresponding PIP activity, described in more detail in the APSR under *2011 CFSR PIP*:

CFSP Activity	PIP Activity
Improve assessment of child and family needs, and matching services to needs.	Increase effective use and facilitation of Family Team Decision-Making (FTDM) meetings to improve family's engagement in case planning
Improve engagement with both parents, including non-custodial	Increase effective use and facilitation of Family Team Decision-Making (FTDM) meetings to improve family's engagement in case planning; Expand Responsible Fatherhood/Non-Custodial Parent (NCP) initiative; Expand Parent Partners
Increase percentage of children and parents that have monthly visits with their DHS caseworker; At least 95% of children and parents will have monthly visits with their DHS caseworker.	Caseworker Visits
Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures.	Align services with safety, permanency, and well-being outcomes
Improvements in Education; Continue work with ABA Center on Foster Care and the Law, Children's Justice and CWA subcommittees on education and foster care to improve education for children in foster care.; Achieve significant improvement in educational outcomes for children in foster care.	Enhance ability to address educational needs of children
Complete PIP	PIP (to be completed in SFY 2014)
Reduce child welfare disproportionality for minority children and families by at least 50%.	Increase cultural competency and responsiveness of child welfare system
Significantly increase retention and continuity of DHS and provider frontline staff and supervisors.	Supervision
Parents and youth have a voice in all policy and practice decisions.	Expand Parent Partners; Strengthen Community Partnership for Protecting Children (CPPC); Expand foster care youth and foster care alumni youth involvement
Significantly improve access to mental health care for children in foster care	Support development of an array of children's mental health services to improve capacity and access
Enhance other technology supports for staff and improved data for frontline staff and managers	Supervision – Results Oriented Management (ROM)

The remaining CFSP activities, noted below and not mentioned above, will continue:

- Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions;
- Improvements in medical care;
- Increase Early Access take-up rate for child abuse victims and children in foster care;
- Implement new case plan format that meets the needs of children and families;
- Safely reduce the number of children and youth served in foster care, especially congregate care;
- Reduce the number of children aging out of foster care, and ensure that each child that does age out of foster care has at least one permanent connection with a caring adult and a high school degree;
- Significantly improve access to physical and dental health care;
- Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion; and
- Implement new SACWIS.

The following are changes to Iowa's CFSP, Child Welfare Strategic Plan Performance Measures:

- Iowa will not utilize a mini-CFSR to gauge performance on safety, permanency, and well-being items.
- Iowa will utilize administrative data, case readings for the PIP, and targeted supervisory case readings to monitor safety, permanency, and well-being outcomes.
- The following items will be monitored through administrative data only:
 - Item 2 – Children that are maltreated do not experience repeat maltreatment
 - Item 5 – Children do not re-enter foster care
 - Item 6 – Placement stability
 - Item 8 – Permanency goals of reunification, guardianship, or permanent placement with relatives are achieved timely
 - Item 9 – Permanency goals of finalized adoption are achieved timely

The Child Welfare Services – Services Business Team (SBT) structure has changed. SBT continues to enhance collaboration between central office and field staff. SBT representatives include individuals from Field Operations Support, Policy, IT, Service Area Managers, and the Bureau of Quality Improvement. The SBT will oversee implementation of Iowa's PIP. However, the SBT no longer has six chartered Task Teams. There are chartered work groups for certain activities in Iowa's PIP, which are similar in structure to the previous task teams.

The following is Iowa's APSR that includes the plans and activities that are critical in ensuring the safety, permanency and well-being of children and as such, meet the provisions of 45 CFR1357, title IV-B, subparts 1 and 2, Title IV-E, and section 477 of the Act.

SECTION A: PROGRAM SERVICE DESCRIPTION

The Stephanie Tubbs Jones Child Welfare Services Program

(title IV-B, subpart 1)

Over the last several years, Iowa strengthened the array of services for children and families through two methods: 1) implementing community-based supports for families, and 2) changes in formal child welfare services. IDHS expanded the array of child welfare services to provide greater flexibility and embrace strength-based, family-focused philosophies of intervention. The service array is intended to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. Contractors are granted flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety, permanency, and well-being. Additionally, contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the Service Area or Sub-Area and describe their plan to tailor services to serve best families of different race/ethnicity and cultural backgrounds.

Child Abuse Prevention Services: *Please refer to Promoting Safe and Stable Families (PSSF) below*

Child Abuse Assessment Services:
IDHS provides child abuse and Child In Need of Assistance (CINA) assessments for families who come to the department’s attention. These assessments examine the family’s strengths and needs in order to support the families’ efforts to provide a safe home environment for their children.

IDHS Child Abuse Assessments (2006-2010)

Calendar Year (CY)	Total Reports Assessed	Unconfirmed (Percentage)	Confirmed/Founded (Percentage)	Source
2010	26,413	17,432 (66.0%)	8,981 (34.0%)	Iowa Department of Human Services – Administrative Data
2009	25,814	16,947 (65.7%)	8,867 (34.3%)	
2008	23,236	15,255 (65.7%)	7,981 (34.3%)	
2007	36,936	22,780 (61.7%)	14,156 (38.3%)	
2006	24,948	15,169 (60.8%)	9,779 (39.2%)	

The rate of unconfirmed versus confirmed/founded reports remains constant since 2008 while the number of total reports assessed continues to rise. This trend reflects the efficacy of efforts through strengthening Community Partnerships for Protecting Children (CPPC) and other public awareness activities, which have heightened awareness of child abuse among community members and their responsibility to report suspected abuse. IDHS will continue to utilize report information to examine future trends.

During child abuse assessments, IDHS’ child protective assessors may refer a child to a **Child Protection Center**. IDHS entered into agreements with six Child Protection Centers (CPCs) across Iowa that employ specialized staff for children in need of services and protection from sexual abuse, severe physical abuse or substance abuse related abuse or neglect. CPCs provide forensic interviews, medical exams,

treatment, and follow-up services for alleged child victims and their families. The CPCs also coordinate with law enforcement and county attorneys in the prosecution of criminal cases involving child endangerment, child fatalities, and sexual abuse. These specialized services aim to limit the amount of trauma experienced by child victims and their non-offending family members.

There are four CPCs located in Muscatine (Mississippi Valley CPC), Cedar Rapids (St. Luke’s CPC), Des Moines (Blank Children’s Hospital, Regional CPC), and Sioux City (Mercy Child Advocacy Center). These CPCs operate under a nonmonetary agreement with IDHS and a monetary contract with the Iowa Department of Public Health (IDPH) to provide the designated services to child abuse victims and their families referred by IDHS. The fifth CPC is based in Omaha, NE (Project Harmony) and serves Iowa children and families in the Southwestern part of the state under a contract with IDHS.

In addition, a sixth CPC in Cedar Falls (Allen CPC) opened its doors in July of 2010. This facility currently provides forensic interviewing services and makes referrals to the St. Luke’s CPC for medical exams, when necessary. The center received a start-up grant from IDHS to get off the ground and is working toward full accreditation as a Child Advocacy Center through the National Children’s Alliance.

The following table includes data on the services provided through a contract with the four fully accredited Iowa centers and IDPH. Annual data for the new Allen CPC was not yet available, and information from Project Harmony is collected only for the calendar year. IDHS and IDPH are currently working in collaboration to assure consistent reporting across all CPC contracts and will implement this new reporting mechanism for SFY 2012.

IPDH End of Year Report State Totals (SFY 2010)		
Children Served:		
Age of children:	0-6 yrs	1427
	7-12 yrs	944
	13-18 yrs	579
Total number of new children served:		2950
Categories of abuse:		
Sexual abuse		2080
Physical abuse		282
Neglect		73
Witness to violence		104
DEC (drug endangered child)		512
Services provided:		
Medical/Physical exam:	<i>Initial</i>	1686
	<i>Follow-up</i>	282
Counseling/Therapy:	<i>In-house (hrs.)</i>	257
	<i>Number referrals</i>	1487
Forensic interviews:		2233
Drug testing only:		562
Foster Care/removal exams:		249

Cases founded/reason to believe:	274
----------------------------------	-----

During the assessment process, child protection assessors may determine that the family needs **Safety Plan Services**, which began in 2007, in order to ensure the safety of the child(ren). **Safety Plan Services** are designed to provide culturally sensitive assessments, interventions and supports to assure safety of the child/children during IDHS’ time limited child protective or Child In Need of Assistance (CINA) assessment process to remediate the circumstances that brought the child to the attention of IDHS. These services are to keep the children safe from neglect and abuse and maintain or improve a child’s safety status.

At the conclusion of the IDHS child abuse assessment, IDHS staff may open an ongoing IDHS service case or may refer the family to **Community Care**. Community Care, a single statewide performance-based service delivery contract, is designed to strengthen families and to prevent child abuse and neglect through a focused set of services and supports. IDHS child protection assessors refer families, who may voluntarily receive short-term counseling or referrals from Community Care. Decisions on services are based on the age of the child, outcomes of the risk assessment, and levels of risk in the home, such as drug abuse or domestic violence. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by IDHS, including removal of the child(ren) from the home.

The table below shows the number of referrals made to Community Care, the number of families who accepted services, the acceptance rate for the year, and the number of cases closed in that year.

Calendar Year	Community Care Referrals	Accepted Services	Acceptance Rate (Percentage)	Community Care Cases Closed
2010	1,922	1,439	74.9%	1,439**
2009	2,303	1,731	75.2%	2,140
2008	2,397	1,537	64.1%	1,634
2007	2,376	Specific data not available	MIFTC* randomly sampled – average rate 75-79%	1,259
2006	2,627			2,271
2005 (March – December)	1,936			867

*Mid-Iowa Family Therapy Clinic, Inc. (MIFTC)

**This includes cases referred in 2009

2010 CFSR: In Iowa’s 2010 CFSR, Iowa was not in substantial conformity with Safety Outcome 1, which included the items of timeliness of child abuse investigations and repeat maltreatment of children. IDHS child protection assessors timely initiated investigations 85% of the time, which was below the 90% needed for a rating of “strength”. For repeat maltreatment, 89% of the cases reviewed did not indicate maltreatment within a six- month period, also below the 90% “strength” rating. Iowa’s performance for the national indicator, Absence of Recurrence of Maltreatment, 91.9%, did not meet the 94.6% national standard. However, Iowa exceeded the 99.68% national standard for Absence of Maltreatment of Children in Foster Care by Foster Parents or Facility Staff with 99.71%.

2011 CFSR PIP (to be implemented over the next two years): To address Safety Outcome 1, Iowa will support supervisors in their support of frontline staff through developing and implementing a Supervisory Model of Practice to increase timeliness of investigations. Regarding repeat maltreatment, Iowa believes that repeat maltreatment is a complex issue with a number of affecting factors, such as poverty, family stress, mental health and substance abuse issues, etc. Iowa’s approach to addressing this complex issue is multi-pronged, from prevention activities to service delivery. Specifically, Iowa is engaging communities

in prevention activities through strengthening Community Partnership for Protecting Children (CPPC) and awarding contracts under the Iowa Child Abuse Prevention Program (ICAPP) to provide prevention services to children and families at risk for child maltreatment. Once families have experienced child maltreatment, Family Team Decision-Making meetings provide a holistic approach to gathering the family, the family's informal supports, and professionals to collaborate with the family in addressing the underlying issues that led to the maltreatment. Another strategy is a strengthened focus on supervision, which will support consistent, effective child welfare practices, such as identifying underlying issues, connecting the family to services, which will meet their needs, and conducting consistent safety and risk assessments throughout the life of the case. Iowa's service providers are collaborating with IDHS through the new service array contracts to ensure that services provided meet the underlying needs of the children and families served, with contracts having specific performance measures for repeat maltreatment and/or maltreatment while in care. Iowa also is engaging communities by collaborating with the Iowa Department of Public Health and the Iowa Children's Justice to coordinate service delivery for families involved in child welfare with substance abuse issues with the goal of ensuring that families receive the necessary and appropriate level of substance abuse services to meet their needs and prevent further maltreatment. Since repeat maltreatment is a complex issue, it is difficult to measure how effective one strategy is in reducing the incidence of repeat maltreatment. Iowa believes that together the efforts noted above will reduce repeat maltreatment for children in Iowa.

Ongoing Services:

When an ongoing IDHS service case is opened for a family following a confirmed child abuse assessment, the family receives **Case Management Services**. IDHS staff in local offices provides case management and connects the family to services provided by community agencies. These services are provided on a voluntary basis or under the supervision of the Juvenile Court. Whenever possible, services are provided to the child and family in their home. Case management services also include conducting ongoing safety and risk assessments during the life of the case to assure the child(ren)'s safety.

Families receive **Family Safety, Risk, and Permanency (FSRP) Services**. Family Safety, Risk, and Permanency (FSRP) Services are designed to provide, in the family's home and/or other designated locations as determined by the case plan, culturally sensitive interventions and supports to achieve safety, permanency, and child and family well-being for improved outcomes. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for providers to deliver services based on child and family needs in exchange for greater provider accountability for positive outcomes. These services are individualized to the unique needs of the child and family.

Families also may receive the following services, depending upon their circumstances:

Medicaid funded Behavioral Health Intervention Services (BHIS) (formerly Remedial Services Program): Medicaid eligible children, including those not involved in the child welfare system, receive services to address their individual behavioral health needs. Services are paid through Title IX not Title IV-B. However, services are available to children involved in the child welfare system.

Substance Abuse Services:

- **Drug Testing:** IDHS continues to fund drug testing of parents in open child welfare cases. Prior to FY 2008, funding was only available for drug testing during a child abuse assessment, through court ordered services on a limited basis for families involved in juvenile court, and through locally funded decategorization projects.
- **Joint Substance Abuse Protocol:** In 2008, the Iowa State Legislature passed House File 2310. The purpose of the study was to identify effective means of reducing the incidence and impact of



child abuse, including denial of critical care and interventions with families by the child welfare system that is wholly or partially caused by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care. The Iowa Department of Human Services (IDHS), Iowa Children's Justice (ICJ), and the Iowa Department of Public Health (IDPH) worked together to develop a protocol for working with these families in the child welfare system.

IDHS, IDPH, and Iowa Children's Justice Initiative (ICJ) made a collaborative decision to pilot the HF2310 protocol in four counties, two Parents and Children Together (PACT) drug court sites and two non-drug court sites. The two PACT drug court sites, Wapello and Scott counties, were piloted between July 1, 2009 and September 31, 2009. The two non-drug court sites, Montgomery and Mahaska counties, were piloted between March 1, 2010 and May 30, 2010. Participants at all four sites included IDHS caseworkers and substance abuse treatment providers within each of these counties. Participants were trained at joint training sessions held at each of the pilot sites to introduce the protocol and to promote joint accountability and shared outcomes among the agencies. They also took an online education course offered by the National Center on Substance Abuse and Child Welfare (NCSACW) to understand better their counterpart's practices and approaches to substance use disorders in child welfare cases. On-line substance abuse training was offered for IDHS workers, while substance abuse treatment staff were asked to take the child welfare training.

At the conclusion of the project, the IDHS' caseworkers and substance abuse treatment providers who participated in the pilot projects completed a survey. Focus groups followed the survey to provide a more in-depth review of the survey responses and the processes involved. The goal of the survey and the focus groups was to identify the strengths of the protocol, any concerns or issues related to joint service planning, and any timing issues related to referring clients for substance abuse evaluation and services.

In evaluating the protocol, participants viewed the protocol as helpful in identifying and referring clients for substance abuse evaluations. The protocol encouraged the sharing of outcomes between agencies for children and families and promoted and endorsed shared values and guiding principles across agencies. Common language and understanding across disciplines were supported within the protocol and decreased barriers between agencies while increasing communication. Collaborative efforts are viewed as essential in the protocol to address the needs and services for children and families experiencing substance use disorders. These findings were reflective of current literature regarding collaboration among the child welfare and the substance abuse treatment systems.

The major barriers were around shared definitions, attitudes, differences in training and education, timing and funding, and information systems. However, pilot sites that had developed relationships with each other prior to the implementation of the protocol reported it enhanced their ability to work cooperatively with each other. Those sites whose relationships were not as strong reported more communication issues and problems with various tools or aspects of the protocol. In these cases, this will continue to be an area of concern and will need to be addressed further on a statewide and a community level.

Following the pilot projects, IDPH, IDHS and the judicial departments have developed and proposed a collaborative statewide approach to child abuse and families struggling with substance abuse. A joint protocol, screening tools, a joint release of information and substance use evaluation form along with the on-line training curriculum have been placed on the intranet site

for child welfare workers and substance abuse providers to access and utilize. An IDHS supervisory webinar was utilized to discuss the protocol, findings, recommendations and placement of the tools on the share. In addition, a communication strategy and technical assistance is offered to counties and/or substance abuse providers who may want support or guidance in implementing the protocol. With these supports in place, policy and practice will be improved thereby improving outcomes, such as reducing the incidence and impact of child abuse, including denial of critical care, and interventions with families by the child welfare system, wholly or partially caused by substance misuse, abuse, or dependency by a child's parent, guardian, custodian, or other person responsible for the child's care.

Services through Decategorization: **Decategorization** is a process by which flexible, more individualized services can be provided at the local level. It is designed to redirect child welfare and juvenile justice funding to services, which are more preventive, family centered, and community based in order to reduce use of restrictive approaches that rely on institutional, out of home, and out of community care. Projects are organized by county or a cluster of counties. Currently, there are 40 decategorization projects across the state of Iowa, covering every county.

Child Welfare Emergency Services (CWES): CWES broaden Iowa's child welfare service array by providing short-term, temporary interventions that focus on the child(ren)'s safety, permanency, and well-being. Child Welfare Emergency Services are intended to immediately respond to the needs of children under the age of 18 and their families. CWES approaches range from the least restrictive "Crisis Interventions" that can be used, e.g., family conflict mediations or in-home services provided before children require removal from their home, to more restrictive "Emergency" services including out-of-home placements with relatives, foster families, or Emergency Juvenile Shelter Care (as permitted by the Iowa Code). IDHS, juvenile court services, and law enforcement refer eligible children to CWES.

When the child(ren) cannot be safely maintained in the home, the child(ren) receive foster care services, which may be provided through:

Relative Placement: "Relative placement" means placement of a child in the home of an adult who is a member of the child's extended family.

Family Foster Care: "Foster family care" means foster care provided by a foster family licensed by IDHS or approved by the placing state. The care includes the provision of food, lodging, clothing, transportation, recreation, and training that is appropriate for the child's age and mental and physical capacity.

Foster Group Care: Foster group care facilities, which comprises emergency shelters and residential group care facilities, are an important part of the foster care system, providing twenty-four-hour substitute care for children who are unable to live in a foster family home or relative home. Some children cannot be maintained safely in a home setting due to a need for a more structured environment and more intensive programming to address behavioral issues. For these children, residential group care facilities provide the structure and programming needed.

Supervised Apartment Living Foster Care: Supervised apartment living foster care offers youth who have a need for foster care the opportunity to transition to an apartment in the community while still receiving supervision and assistance. Supervised apartment living is an arrangement where the youth lives in an apartment unit, shops for food, prepares individual meals, and manages time for cleaning and laundry.

Number of Children in Foster Care by Placement Setting

Period Ending - September 30 th	Foster Family Home (non- relative)	Foster Family Home (relative) *	Group Home	Institution **	Pre- Adoptive Home	Runaway	Supervised Independent Living	Trial Home Visit	Total
2005	3164	1950	1383	609	195	95	84	1653	9133
2006	3120	1818	1395	484	216	95	66	1730	8924
2007	2755	1634	1272	414	261	86	66	1599	8087
2008	2362	1296	1202	364	174	79	65	1305	6847
2009	2239	1358	1097	337	156	82	82	1231	6582
2010	2259	1445	1025	299	176	46	45	1206	6501

Source: AFCARS Extract

*Largely unlicensed relative homes with some licensed relative homes included

**Includes shelter placements

When a child is placed in foster care, both IDHS and the Juvenile Court have additional responsibilities, such as:

- Seeking out relatives as potential placements;
- Placing siblings together whenever possible and maintaining sibling relationships when children are separated;
- Ensuring that each child gets the physical and mental health care he/she needs;
- Ensuring that each child has the educational services he/she needs;
- Maintaining children's relationships with their parents and connections with their extended family, friends, church, school, etc.; and
- Ensuring that older youth have access to the services and supports they need to make the transition to young adulthood.

Transition Services: *Please refer to Section L, Chafee Independence Program Report*

If the child(ren) cannot be reunified safely with the parent from whom he or she was removed, the child(ren) may experience permanency through guardianship or transfer of custody through district court. IDHS continues to reimburse **legal fees** associated with achieving permanency for a child through guardianship or transfer of custody in district court. Prior to FY 2008, funding was only available for legal fees associated with adoption subsidy.

For some children, termination of parental rights and adoption is the pathway to permanency. When a child adopted from the child welfare system has a special need, IDHS provides on-going support and services through the **adoption subsidy program**. Post-adoption support services may be provided to any of the current 5,092 families who have adopted one or more of the 9,345 special needs children who currently have a signed Adoption Subsidy Agreement. These services are available statewide. The Navigator Program, named by Iowa KidsNet (IKN) for post-adoption services provided through the network, served 565 families and 1,099 children in FFY 2010 and 586 families and 1,164 children so far in FFY11.

To support children’s placement in foster care and/or adoption, Iowa conducts efforts to recruit and retain foster and/or adoptive parents. The **Recruitment and Retention of Foster and Adoptive Parents contract** includes recruitment and retention activities to strengthen foster care and adoptive services in Iowa’s child welfare system. As part of the contract, the contractor licenses/relicenses foster homes and approves/renews adoptive homes. The contractor also will engage in retention efforts including activities such as special local and statewide events, recognition of foster and adoptive families in local media outlets, and engaging licensed foster families and approved adoptive families in recruitment activities.

Iowa Foster and Adoptive Parents Association (IFAPA), a contract provider of the Iowa Department of Human Services (IDHS), also has a unique support role with foster parents and adoptive families. IFAPA provides vital peer support. IFAPA has peer liaisons throughout the state of Iowa who are experienced foster and adoptive parents. IFAPA has a variety of foster parent trainings they offer throughout the year. IFAPA started offering trauma trainings this last year, and CPR and First Aid trainings that are required for foster parents since 2010. The Weekly Word is an electronic newsletter sent out each week by IFAPA on many topics, resources, and information for foster and adoptive parents. In addition to the weekly electronic newsletter, a quarterly newsletter is mailed out to all foster and adoptive parents.

Child(ren) also may be placed out of state through the Interstate Compact for the Placement of Children (ICPC) process. Iowa’s Kidsnet (IKN) is responsible for completing the foster and adoptive home studies that are referred through ICPC within the 60-day timeframe for completion. A process was established with the Compact Administrator and the local IDHS offices to ensure that IKN receives all ICPC requests in a timely manner. IKN and the local IDHS office also have a 60-day timeframe for processing parent and relative home studies.

IDHS works with the Iowa Juvenile Court to educate judges about the procedure for a Priority Home Study that is due in 20 business days. This speeds up the placement process for children who will be placed with parents or relatives. Iowa’s ICPC office handles placements of children across state lines, including court placements with parents or relatives, foster care and adoptions. The Compact Administrator works with field social workers to assist with the ICPC process that establishes safety and permanency for children that need to be placed across state lines. In SFY 2011, the ICPC office processed over 2,727 requests and handled 1,471 placements. Of the 1,471 placements, 742 were for children placed outside of Iowa, and 729 were children placed into Iowa. The ICPC program works with Native American tribes that desire to place children across state lines. Technical assistance for ICPC is received from the National Association of Administrators of the ICPC.

FY 2011 ICPC Home Studies

<i>Home studies</i>	
ICPC Foster: 29	ICPC Adopt: 68
ICPC Dual: 3	ICPC Relative: 47
	ICPC Parent: 32

FY 2011 ICPC New Placements

Type of Placement	New Out-of-State Placements	New In-State Placements
Adoption	88	65
Foster Care	42	211

Parents	34	27
Relatives	48	39

Supports:

- IDHS Service Help Desk supports parents, hospital social workers, and a variety of individuals regarding what services are available to children and parents.
- 2-1-1 System, a web-based resource system, provides staff and community members’ information regarding services available in their particular community.
- Adoption Saturday is a day set aside to celebrate adoptions statewide.
- Parent Partners’ Reunification Picnic, in Polk County, invites parents, children, judges, IDHS workers, and others involved with the family to celebrate the family’s reunification. Judges attend and children receive gifts. The event has captured national attention, particularly the American Bar Association and the Casey Foundation. *For more information on Parent Partners, please see Promoting Safe and Stable Families (PSSF) subsection below.*

2010 CFSR:

Iowa’s PIP contains strategies, action steps, and benchmarks to improve the child welfare system’s performance for the seven outcomes related to safety, permanency, and well-being and for two of the seven systemic factors, Quality Assurance System and Service Array and Resource Development. These outcomes and systemic factors were not in substantial conformity with the CFSR requirements, as shown in the two tables below.

7 OUTCOMES		
Outcome	In Substantial Conformity	Percentage Substantially Achieved
Safety 1*	No	77.8%
Safety 2	No	63.1%
Permanency 1**	No	37.5%
Permanency 2	No	75.0%
Well-Being 1	No	40.0%
Well-Being 2	No	93.0%
Well-Being 3	No	88.1%

7 SYSTEMIC FACTORS	
Systemic Factor	In Substantial Conformity
Statewide Information System	Yes
Case Review System	Yes
Quality Assurance System	No
Staff and Provider Training	Yes
Service Array and Resource Development	No
Agency Responsiveness to the Community	Yes
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Yes

National Data Indicators (National Standard (NS)):

- *Absence of Maltreatment Recurrence – 91.9% (NS=96.1%+)
- *Absence of Maltreatment of Children in Foster Care by Foster Parents or Facility Staff – 99.71% (NS=99.68%+)

- **Permanency Composite 1: Timeliness and Permanency of Reunification – 115.9 (NS=122.6+)
- **Permanency Composite 2: Timeliness of Adoptions – 141.6 (NS=106.4+)
- **Permanency Composite 3: Permanency for Children in Foster Care for Extended Time Periods – 132.6 (NS=121.7+)
- **Permanency Composite 4: Placement Stability – 94.0 (NS=101.5+)

For more information regarding Iowa's performance in the 2010 Child and Family Service Review (CFSR), please see the Final Report, accessible at http://www.dhs.state.ia.us/docs/3.24.11_IA_CFSR_Final_Rpt.pdf.

2011 CFSR PIP (to be implemented over the next two years): To address the above areas needing improvement identified in Iowa's 2010 CFSR, Iowa identified the following strategies and action steps as part of its Program Improvement Plan (PIP):

- Family Engagement:
 - Caseworker Visits: Increase quality and frequency of caseworker visits with parents and children (*Please refer to Section H, Monthly Caseworker Visits, for more information*); and
 - Collaboration and Partnership with External Stakeholders: Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative (*Please refer to Section H, Monthly Caseworker Visits, for more information*) and Expand Parent Partners (*Please refer to Section B, PSSF Planning, for more information*).
- Permanency Planning:
 - Family Team Decision-Making Meetings (FTDM): Increase effective use and facilitation of FTDMs to improve family's engagement in case planning (*Please refer to Promoting Safe and Stable Families (PSSF) below for more information*);
 - Collaboration and Partnership with External Stakeholders: Improve permanency for youth; Expand foster care and foster care alumni youth involvement;
 - Family Interaction: Improve integration of Family Interaction practice; Increase identification, location, and engagement of relatives and other supports in Family Interaction practice
- Services Provision:
 - Collaboration and Partnership with External Stakeholders: Strengthen Community Partnership for Protecting Children (CPPC) (*Please refer to Promoting Safe and Stable Families below for more information*); Align services with safety, permanency, and well-being outcomes; Support development of an array of children's mental health services to improve capacity and access; Enhance ability to address educational needs of children; Improve cultural competency and responsiveness of child welfare system
- Quality Assurance (QA): Implement a reliable and valid QA system for case reviews to effectively monitor progress and make changes in strategy based on case reading data (*Please refer to Section K, Quality Assurance System, for more information*).
 - Quality Assurance and Improvement (QA&I) system;
 - Supervision – Support supervisors in practice to enhance frontline practice around safety, permanency, and well-being outcomes

Training Applicable to Benchmarks in the 2011 CFSR PIP:

Under all the themes, several of the action steps include benchmarks requiring training, which may include the DHS' staff and external child welfare partners, such as Juvenile Court Services (JCS) staff, service providers' staff, attorneys, judges, Court Appointed Special Advocates (CASAs), Foster Care Review Boards (FCRB), etc. The PIP identifies training required as evidenced by an Integrated Training Plan or a Training Plan. To train all of the various entities, the DHS and its partners will determine, as part of the PIP benchmark for that strategy, the best way to train the applicable groups, i.e. train everyone

at once, rollout training one service area at a time, joint training with external partners, etc. Some benchmarks may lend themselves to training everyone at once while for others, training may need to be one service area at a time or coordinated between the DHS and external partners.

Quality Assurance and Improvement Applicable to Benchmarks in the 2011 CFSR PIP:

Under all the themes, most of the action steps include a benchmark that addresses development and implementation of a plan to analyze the results of the benchmark, in order to improve performance continuously. The DHS' Bureau of Quality Improvement (BQI) will develop and implement the analytic plan and will provide results of the analysis to the DHS' Service Business Team (SBT). The SBT will determine how best to disseminate the analysis to the field, such as utilizing the chain of command, monthly Supervisor Seminars, bi-monthly conference calls, practice bulletins, etc., which will be specific to that particular benchmark. The BQI will work with the SBT to determine how best to gauge results informing practice, such as developing local strategies, making policy changes, conducting case readings by supervisors or BQI staff, etc.

Permanency Planning in the 2011 CFSR PIP:

Improve Permanency for Youth: DHS and Iowa Children's Justice have collaborated with Casey Family Programs to conduct **permanency roundtables** in each service area in Iowa. Permanency roundtables examine cases where children have been in foster care for an extended period of time and need permanency. The purpose of the roundtables is to review the case to determine opportunities missed to pursue permanency and family connections for youth and develop an action plan to achieve permanency for the youth. As part of Iowa's PIP, Iowa will implement round two of the permanency roundtables. Additionally, lessons learned and best practices identified will be imbedded in a sustainability plan for each service area.

Another project in Iowa is the **Families for Iowa's Children (FIC)** federal demonstration project. On November 23, 2009, Four Oaks Family and Children's Services (Four Oaks), on behalf of Iowa KidsNet, and in collaboration with the DHS, was awarded a three-year federal Family Connections grant to implement an intensive family finding and engagement project, Families for Iowa's Children (FIC). FIC project partners are Catholic Community Services of Western Washington (CCS), Iowa Children's Justice, the University of Iowa, and Meskwaki Family Services. Family finding is a program authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351).

The purpose of the FIC project is to use search technologies and family-centered practices to help children entering foster care reconnect with family members and natural supports during and after their time in care. Specifically, FIC will search for and engage relatives and natural supports as potential placement resources for children, as potential permanency resources in the event that reunification is ruled out, and/or as support to the child in other ways while the child is in foster care and after the child exits from care.

The FIC program was implemented in twenty-six counties. Prior to the July 1, 2010 DHS reorganization, there were eight services with two of those service areas being Ames and Cedar Rapids. The FIC grant proposal indicated that the project would be implemented in the Ames and Cedar Rapids service areas, which comprised 26 counties, 12 in the Ames service area and 14 in the Cedar Rapids service area. These counties are Pocahontas, Humboldt, Wright, Calhoun, Webster, Hamilton, Hardin, Story, Marshall, Tama, Jasper, Poweshiek, Benton, Linn, Jones, Iowa, Johnson, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Appanoose, Davis, and Van Buren. The rationale for utilizing the previously defined Ames and Cedar Rapids service areas included their growth in the foster care population, higher rates of child poverty, substance abuse issues, and increased rates of teen pregnancy. The target population for

FIC is children (ages 0-17) who enter (or re-enter) family foster care. Over the three-years of the project, FIC anticipates serving 200 children.

Projected short-term benefits for children participating in the FIC are:

- More often placed with relatives;
- Large number of family members/natural supports identified;
- More frequent FTDM attended by larger numbers of family members/natural supports;
- More contact with their workers;
- More frequent visits with parents and siblings; and
- More home visits.

Projected long-term benefits for FIC children are:

- Lower average length of stay in foster care;
- Lower recurrence of maltreatment;
- Lower rates of re-entry into foster care; and
- Higher rates of family permanency.

The University of Iowa will evaluate the effectiveness of the project. IDHS and its partners will study the results of the project to determine feasibility of statewide implementation.

Joint Substance Abuse Treatment Protocol: IDHS, IDPH, and ICJ will expand the Joint Substance Abuse Protocol by rolling it out in two additional counties. Counties having higher rates of abuse per 1,000 would be targeted and recruited. Targeted and recruited counties interested in the protocol would receive training from IDPH, ICJ, and IDHS on the protocol and tools. The ultimate goal is to strengthen the collaboration between the child welfare system and the substance abuse treatment system so that families receive the appropriate level of treatment and services and they do not get lost between the two systems. The hypothesis is that with successful substance abuse treatment the rate of repeat maltreatment in these counties will decrease. Although it is difficult to ascertain whether one particular strategy impacts repeat maltreatment, it is possible through utilization of surveys with DHS and substance abuse professionals to determine if the collaboration is yielding positive outcomes for the families jointly served.

Iowa Children's Justice (ICJ): ICJ extensively collaborates with DHS through court practice and court training to address permanency for children in out-of-home placements.

Court Practice: The CFSR Final Report identified differences in court permanency practices as a concern. To promote consistency, quality, and effectiveness of court permanency practices, ICJ identified multiple strategies, including but not limited to:

- Developing consistent standards for attorneys representing parents and the agency to impact the quality of representation;
- Providing attorney and judges training to promote quality practices that contribute to permanency; and
- Collaborating with child welfare partners to implement a common vision and practice model for child permanency in Iowa.

ICJ identified a focus to promote juvenile court improvement by developing standards for parent and agency representation. Two task forces were established in September 2010 and training was provided to task force members on September 16, 2010. The goals of the task forces are developing standards for quality representation and addressing enforceability.



It is expected that quality representation for parents will lead to:

- Improved legal guidance to parents;
- Improved parental support by the attorney;
- Improved involvement of parents in court hearings and parents' better understanding of court processes;
- Improved due process rights for parents; and, ultimately,
- More timely and effective permanency for children.

It is expected that quality representation for the agency will contribute to improved support, legal guidance, and ultimately contribute to the safety of the child.

The next steps to adoption of the standards are to submit task force report recommendations to the Iowa Children's Justice Advisory Committee (ICJAC) by 6/30/11 for review and modification prior to sending it to the Iowa Supreme Court for consideration for adoption by 10/30/11.

Training developed by the Public Defender's Office and Iowa Children's Justice (ICJ) Attorney training subcommittee in 2010 contributes to quality representation of parents. ICJ will continue to support and finance efforts to provide training for parent's attorneys for this pilot through fall 2011. In collaboration with the Public Defender's Office, ICJ will develop an evaluation process to assess and improve the training. If the evaluation process demonstrates improvement, ICJ training funds will continue to support the attorney training.

A recent strategy for improving parent representation and increasing the number of attorneys interested in working in the child welfare system is a collaborative effort between the University of Iowa's Law School and Iowa Children's Justice (ICJ). ICJ has provided financial support to establish a "family assistance center" devoted to providing training coupled with hands-on courtroom experience for 3rd year law students focused on quality representation of parents in the child welfare system. Training developed and provided to these law students will contribute to further improving training for attorneys practicing in the juvenile court. A director has been hired and the next steps are: establishment of an advisory committee, University of Iowa representation on the ICJ Advisory Committee, and acceptance of the first students in the 2011 academic year.

Court Training: The CFSR Final Report identified differences in court permanency practices as a concern as well as the court's role in timely and effective permanency for children. To promote consistency, quality, and effectiveness of court permanency practices, Iowa Children's Justice (ICJ) collaborated with child welfare partners to develop and implement a common vision and practice model for child permanency in Iowa: The Permanency Blueprint.

The Permanency Blueprint debuted at the Permanency Summit for Iowa in May 2011. The Blueprint sets the permanency model of practice for Iowa's child welfare system. The Permanency Summit, which comprised two days of training with multidisciplinary participants attending, was designed to:

- Present the tenets and main principles of the Permanency Blueprint;
- Clarify the Courts' and other child welfare professionals' role and impact on permanency planning;
- Present research-based, strength-based community practice options and allow participants to discuss relevant strategies for permanency that they can implement upon return to their daily practice;
- Provide breakout sessions where participants, by profession, can discuss implementation strategies for presented practices and then discuss, by geographic areas, strategies for overcoming barriers and promoting practice implementation; and

- Publish presented information and videos on the ICJ website.

Next steps include providing, upon request, ICJ consultation and support to court districts for local change efforts. In addition, Judges' training will continue with the theme of permanency, focusing more on what judges can do to achieve timely and effective permanency.

Juvenile Court Services (JCS) also collaborates with the DHS to improve permanency for youth through:

- Chief Juvenile Court Officer and Service Area Manager joint meetings;
- Participation in Decision Point Analysis;
- Model Court in Polk County; and
- Collaboration on reducing the number of JCS children in out-of-home care.

The DHS' Bureau of Quality Improvement will evaluate effectiveness of DHS field staff efforts to improve permanency for youth (e.g. Permanency Roundtables, Families for Iowa's Children (FIC), and the joint substance abuse protocol with IDPH and Iowa Children's Justice) by developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

Expand foster care and foster care alumni youth involvement: To improve safety, permanency, and well-being outcomes for children in foster care, Iowa believes that foster care youth and foster care alumni youth are essential partners. The Iowa Foster Care Youth Council is a primary way to engage youth in the Iowa child welfare system.

The Iowa Foster Care Youth Council serves as a support group for youth involved in Iowa's foster care system and foster care alumni. Chapter meetings are held in approximately ten sites across the state and provide an opportunity for youth to meet youth having similar experiences, learn about programs and services, and have an opportunity to impact policy and practice change in the child welfare system. The chapter meetings occur approximately two times a month. A trained, paid facilitator prepares an agenda, invites presenters, and leads the discussion.

The Iowa Foster Care Youth Council has become a conduit for youth to share their knowledge of the child welfare system through creating a mechanism where youth are trained, prepared, supported, and compensated for their time. The Iowa Foster Care Youth Council offers a central location where interested policy makers, providers, advocacy groups and others can go for opinions and suggestions from youth involved in foster care or alumni.

Iowa will implement a new contract for the Iowa Foster Care Youth Council, which will include evaluating the effectiveness of the Council through contract performance measures. DHS is monitoring deliverables of the contractor and certain performance measures of the participants. For example, the contract may require there be a youth meeting at least monthly in 10 chapter locations. As for performance, youth participants will be surveyed at least annually to determine their participation in youth development activities and perceived support from peers and staff.

The Iowa Foster Care Youth Council will develop and implement a Youth Bill of Rights. The Bill of Rights is something youth in care have asked for via their advocacy at the Iowa Foster Care Youth Council. They want a Bill of Rights so youth who follow them in the child welfare system will know they have a right to see their family, receive an explanation as to why they are in care, participate in school activities, etc. The Bill of Rights will be included in the DHS policy manual along with the foster parent and child rights section that currently exists—but is not written by Iowans. The Bill of Rights is

intended to be "by youth and for youth" so the Iowa Foster Care Youth Council will drive awareness raising efforts via their website, trainings, and chapter meetings. The audience is primarily youth and their caretakers, regardless of placement type.

To support the connection between the Council, DHS policy and field staff, and service providers' staff, policy staff will issue a practice bulletin and/or conduct a conference call to ensure DHS and service provider staff has information regarding the Council. In addition, the Bill of Rights will be included in practice guidance to child welfare professionals (DHS and service providers), educators and the courts. DHS and its external stakeholders will explore avenues of implementing and will implement the Bill of Rights into practice.

Integrate Family Interaction: The Family Interaction Planning model promoted throughout Iowa and based on the work of Norma Ginther seeks to achieve timely and safe reunification through systematic and frequent visitation between children and their parents after removal. Specific goals of Family Interaction Planning are to:

- Reduce the child's sense of abandonment and loss upon removal;
- Resolve the threats of harm requiring that family interactions be monitored;
- Provide the opportunity for families to maintain relationships, enhance well-being, and to learn, practice and demonstrate new behaviors and patterns of interaction;
- Maintain meaningful contact consistent with the development and/or special needs of the child and family that will further progress toward achieving permanency for the child;
- Maintain relationships with siblings, parents, and other individuals;
- Provide opportunity to assess caregiver/child relationship; and
- Provide opportunity to assess caregiver needs.

DHS staff ensures, with the assistance of service providers, foster parents, relatives, etc., that frequent and meaningful interactions are planned and attained.

As part of Iowa's strategy to address safety and permanency in the Program Improvement Plan (PIP), Iowa will improve integration of Family Interaction into practice. The Family Interaction/Family Team Meeting Committee will be responsible to ensure that the work, which includes but is not limited to the following, is completed:

- Clarify the purpose of Family Interaction, the specific practice expectations or skills, and documentation expectations;
- Clarify how safety and risk are assessed in Family Interaction observations;
- Clarify responsibilities of various Family Interaction roles, including relatives and supports;
- Clarify who changes Family Interaction forms and training as the curriculum is owned by Mid-Iowa Family Therapy, Inc.;
- Review current best practices, Iowa tools, resources, and supporting documentation, including barriers, resources and best practices for identifying, locating and engaging relatives and supports in Family Interaction practice by DHS and service provider staff;
- Recommend and/or choose one observation tool, which will assist those observing Family Interactions to appropriately assess safety and risk during interactions and will document their assessment;
- Develop and implement plan to implement fully Family Interaction into practice, including identifying, locating, and engaging relatives and supports, through utilization of a standardized observation tool; and
- Provide information to the court and attorneys regarding strengthening Family Interaction, to facilitate support for the model.

The Family Interaction/Family Team Meeting Committee in partnership with the Child Welfare Partners Committee (CWPC) training subcommittee will address joint DHS and service provider Family Interaction training and support, to include, but not be limited to:

- Consider how Family Interaction fits with Family Team Decision-Making Meetings (FTDMs) and information captured in the case permanency plan;
- Incorporate Family Interaction in the DHS training plan, with frequency of trainings to be identified by the group;
- First train supervisors, then staff, so that supervisors can mentor staff in their thinking about and implementation of Family Interaction with the aim of moving practice forward;
- Offer Family Interaction training more than one time per year; and
- Utilize service area practice champions to support on-going practice improvement.

To support fully integrating Family Interaction into practice, DHS policy staff will incorporate Family Interaction practice guidance, including identifying, locating, and engaging relatives and supports, into DHS employee policy manuals. A general letter will be issued by DHS policy staff to DHS field staff to communicate changes to the DHS employee policy manuals.

Iowa Children's Justice Training: The Multi-disciplinary Training Subcommittee will work with the above mentioned groups to coordinate information and training that supports focusing on permanency. A primary focus will be on assisting the districts in understanding how the roles of all the stakeholders can lead to timely, stable permanency for kids. The primary vehicles that lead to permanency include early and often family interaction, family team meetings, improved quality of representation and better collaboration.

In order to ascertain whether Family Interaction practice has a positive impact on achieving permanency, the DHS' Bureau of Quality Improvement (QI) will develop and implement a monitoring plan, which will determine if Family Interactions are occurring, if documentation reflects quality, if relatives and supports are identified, located, and engaged as part of the Family Interaction practice, and if the interactions have positively impacted permanency outcomes. They will conduct an analysis of their findings and disseminate to central office and field staff for continuous quality improvement of Family Interaction practice in order to achieve the desired outcomes.

Services Provision:

Align services with safety, permanency, and well-being outcomes: Iowa's child welfare providers are essential partners in improving Iowa's child welfare system. Continued collaboration between the DHS and service providers, especially regarding service array, will result in improved outcomes for Iowa's children and families. Iowa believes that its child welfare service array should improve performance with safety, permanency, and well-being outcomes. New contracts for Iowa's child welfare service delivery, which will take effect on or about July 1, 2011, are aligned with these outcomes. Each contract has performance measures linked to these outcomes, including cultural competency and responsiveness, which provides oversight and accountability for improved performance. For example, Safety Plan Services and Family Safety, Risk, and Permanency Services providers will receive financial incentives, through their contracts, if they prevent repeat maltreatment in the cases they serve. The following services will have new contracts:

- **Safety Plan Services:** Safety Plan Services are for families engaged in a child abuse assessment or Child In Need of Assistance (CINA) assessment with a need for safety plan services. Safety Plan Services provide a flexible array of strategies and interventions to monitor, evaluate, and intervene to



ensure the child's safety; and evaluate and supplement the protective capacities of the child's caregivers to prevent repeat maltreatment.

- **Family Safety, Risk, and Permanency Services:** Family Safety, Risk and Permanency (FSRP) Services are targeted to families with children at risk of abuse. FSRP services are targeted to children and families for whom DHS has, following a child protective or CINA assessment or juvenile court action, opened a child welfare case. Services are expected to provide a flexible array of culturally sensitive interventions and supports, which are strength-based and family-focused to achieve safety, permanency, and well-being for children by connecting families to informal supports and community resources, bolstering family protective capacities, and maintaining and strengthening family connections to their neighborhoods and communities. One of the goals of the FSRP services is to address the underlying issues, which led to the child maltreatment and to prevent repeat maltreatment.
- **Foster Group Care:** Foster group care facilities, which comprises emergency shelters and residential group care facilities, are an important part of the foster care system, providing twenty-four-hour substitute care for children who are unable to live in a foster family home. Some children cannot be maintained safely in a family foster home setting due to a need for a more structured environment and more intensive programming to address behavioral issues. For these children, residential group care facilities provide the structure and programming needed. Contract performance measures around parent and sibling visitation for youth in group care will support the child's connection to family thereby reducing negative behavior which might disrupt the placement.
- **Child Welfare Emergency Services:** *Please refer to Child Welfare Emergency Services under Ongoing Services above.*
- **Supervised Apartment Living Foster Care:** Supervised apartment living foster care offers youth who have a need for foster care the opportunity to transition to an apartment in the community while still receiving supervision and assistance. Supervised apartment living is an arrangement where the youth lives in an apartment unit, shops for food, prepares individual meals, and manages time for cleaning and laundry.
- **Recruitment and Retention of Foster and Adoptive Parents:** The Recruitment and Retention of Foster and Adoptive Parents contract includes recruitment and retention activities to strengthen foster care and adoptive services in Iowa's child welfare system. As part of the contract, the contractor will license/relicense foster homes and approve/renew adoptive homes. In the 2010 CFSR, initial placements based on bed availability and not the skills and training of foster parents and a lack of relative or foster home placements were cited as reasons for placement instability. Consequently, the new recruitment and retention contract represents a significant shift in how DHS wants to move recruitment and retention of resource families forward. Recruitment strategies stress having the right families for the children coming into care, not just having families. Recruitment plans will be based on service area data on the children coming into care, their age, race, ethnicity, number of siblings and special needs. Based on that data, recruitment plans will identify the gap in the needed homes for those children and determine targets to narrow those gaps. There is a direct tie between recruitment/retention and matching. The same child characteristics are found in the recruitment and retention part of the contract and the matching part of the contract. The new contract includes performance measures, based on cohorts of children coming into care, for increasing foster homes that are reflective of the children coming into care and for sustaining children in their foster homes for at least four consecutive months. The message is the first placement should be the child's only placement.

Performance measures also are restructured to move towards keeping children close to home, in foster and adoptive families that understand and/or share their racial and ethnic heritage, families who will work with birth parents, and who will keep siblings together. The proximity and stability measures are based on incremental improvements to have a child's first placement



into family foster care be stable for four months and to be within 20 miles of their removal home. The measures are designed to impact the child's first placement so the child is matched with the right family the first time. Tying the performance measures, recruitment and retention plans, and matching together will improve placement stability over time. Data has shown a higher likelihood of placement stability once children have remained in the placement for at least four months. The contractor also will engage in retention efforts including activities such as special local and statewide events, recognition of foster and adoptive families in local media outlets, and engaging licensed foster families and approved adoptive families in recruitment activities.

- Iowa Youth Foster Care Council (*See description above under Permanency Planning*)
- Iowa Child Abuse Prevention Program (ICAPP): The ICAPP contract provides statewide administration of funds for local child abuse prevention councils to implement community-based primary and secondary prevention projects. The new contract will emphasize a more comprehensive array of programming that aligns closer with current trends in state and local child abuse data and increasing secondary prevention programming, which provides prevention services to children and families at risk for child maltreatment with a goal of preventing initial or repeat maltreatment.

The DHS and service provider staff will receive training on the new service contracts. The DHS staff and service provider staff will have quarterly contractor meetings to discuss issues within the delivery of services, innovations to service delivery, and any other topics necessary to improve Iowa's child welfare service array. Training for judges and attorneys also will be offered.

The DHS' Bureau of Quality Improvement, in collaboration with program managers, will evaluate effectiveness of services through the contract performance measures and through quarterly all contractor meetings by developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

Support the development of an array of children's mental health services to improve capacity and access:

Although the 2010 CFSR Final Report noted that Iowa lacks a children's mental health system, findings also showed that Iowa rated a "strength" for Item 23, Mental/behavioral health of the child. Iowa's child welfare system assessed and provided appropriate services to children who had identified mental health needs.

In the 2011 Iowa legislative session, which has yet to end as of the date of this report, legislators recognized the need to redesign Iowa's mental health system for adults and children. The legislature is currently considering several bills to begin the process. Iowa's Division of Mental Health and Disability Services (MHDD) was designated by the 2008 Iowa legislature to develop, implement, oversee, and manage the mental health services system for children, youth, and their families. Depending upon the outcome of the 2011 legislative session, Iowa's child welfare system will continue to collaborate with MHDD and other agencies to meet the legislature's intent of redesigning Iowa's mental health system. At this time, Iowa does not have the specifics regarding the redesign.

In Iowa, community based mental health services for children exist. However, services vary statewide and access is limited typically by location, service availability, family resources, and/or the insurance status of the family. The DHS MHDD continues to establish a comprehensive community based mental health services system for children, youth, and families through the development of local/regional Systems of Care. In the local/regional System of Care, a local lead agency is established to coordinate mental health services with formal and informal supports, including the services of other involved agencies such as education, child welfare, law enforcement, juvenile court services, primary health care, inpatient/residential treatment and others who are involved with the child and the child's family. The

purpose of the System of Care is to improve options for families who have children or youth with mental health disorders by developing community based service capacity to support these children and youth in the places they thrive most, living at home with their own families, attending their own schools, and participating as members of their own communities. Iowa’s child welfare system will collaborate with MHDD to support development of the children’s mental health system with the goal of improving capacity and access.

Enhance ability to address educational needs of children: The Department of Education (DE), Juvenile Justice System, and the DHS hosted the first Education Summit on December 5, 2008, by recommendation of the Iowa Children’s Justice State Council, to collaboratively address the educational needs of children in the child welfare system. The Education Collaborative, as it has come to be known, has focused primarily on two areas: system coordination/data exchange and the state’s compliance with the federal law, which became effective October 1, 2008, Fostering Connections to Success and Increasing Adoptions Act of 2008. The Collaborative has representatives from DE, DHS, courts, youth and families and has leadership from a foremost national expert from the Legal Center for Foster Care and Education, Kathleen McNaught. The group meets every 3-6 months, but informally works together regularly to share practice guidance, collaboratively solve problems, and address policy issues as they arise. The Collaborative is viewed as one of the best examples of the Iowa DHS and DE working together. The Education Collaborative has played a major role in addressing the following education challenges for children in foster care:

A. Children remain in their same school- creation of best interest determination criteria: A subcommittee including representatives from state agencies, providers, and youth defined “awaiting foster care” for purposes of McKinney Vento. This made clear that any child in shelter and any child in foster care who is expected to remain in the current placement for less than thirty days is eligible for the supports of the McKinney Vento Homeless Assistance Program, such as transportation to keep a child in his school and requirements the child be enrolled immediately. This definition was provided to all school district superintendents in Iowa and trained to DHS supervisors.
B. Assurances of appropriateness of school placement (both when remaining in same school or moved to new school)- Screening Tool: A form was completed which the child welfare worker sends to the local school, which provides basic information and initiates collaboration regarding the child. The DHS employee manual was updated to direct the worker to use this to initiate the collaborative process to keep the child in his home school.
C. Assurances of appropriate school placement- Role of the Court
D. Assurances of appropriate school placement- legal decision making authority issues: Judicial guides and newsletters have been sent to judges by Iowa Children’s Justice. Gail Barber and Doyle Evans are Children’s Justice employees and play lead roles in the Education Collaobrative.
E. Assurances of appropriate school placement- birth parent involvement: Clarification of foster parents’ role in special education decision making via DHS supervisor training. Also clarified use of “surrogate parent” for special education.
F. Assurances of appropriate school placement- role of foster parents: Clarification of foster parents role in special education decision making (considered the parent.
G. Sharing school district records and information with child welfare: In 2011, the first “data dump” was used to identify children in child welfare custody who also attend an Iowa public school, to generate a report on all kids in care by school.

For children placed in foster care, transportation is one of the key barriers to youth remaining in their home school, especially in rural areas. While Iowa realizes we cannot fix this issue overnight, Iowa intends to, minimally, provide practice guidance via a newsletter and staff training to caseworkers,

educators and the courts on efforts that are working to provide transportation assistance. For example, DHS and DE recently mailed, to all school districts in Iowa, a policy decision making clear youth in shelter placements and youth who are expected to remain in foster care for 30 days or less are eligible for supports of McKinney Vento, including financial funds administered by the Department of Education. The work in this area shows up where there is a need for transportation. Iowa sees some local service areas using creative funding to pay for transportation, such as decategorization dollars, but the formalized work being done for transportation is through the Education Collaborative.

The DE and the DHS implemented and will continue a data sharing Memorandum of Understanding to examine the frequency of school change when a child enters foster care and possible remedies, such as transportation assistance, which can help keep a child in his or her home school thereby avoiding the transfer of credits issue due to a child changing schools because of placement. Additionally, DE and DHS will explore the possibility of determining a baseline number of credits for children in foster care.

The DHS' Bureau of Quality Improvement, in collaboration with the Education Collaborative, will develop and implement a plan to evaluate effectiveness of activities to address transportation to home school and transfer credit issues for children in the child welfare system and will analyze the results for impact on the outcome with a report to central office and field, which will inform field practice.

Increase cultural competency and responsiveness of the child welfare system: To improve the cultural competency and responsiveness of Iowa's child welfare system, the DHS' and external partners will continue to collaborate to increase the knowledge and skills of the child welfare workforce through sharing and using best practices identified from the following cultural competency projects:

- **Decision Point Analysis (DPA):** DPA is a collaboration between the DHS, Iowa Children's Justice, Juvenile Court Services, Foster Care Review Board (FCRB), and Casey Family Programs. The goal of the DPA collaboration is to merge the DHS and Juvenile Court assessments to attain a true picture of child welfare practice, particularly as it relates to disproportionality.
- **Minority Youth and Family Initiatives:** In March 2004, DHS began demonstration projects in Sioux City and Des Moines focused on reducing disproportionality for Native American and African American children and families in the child welfare system. Disparities persist, but the project to reduce disparities among Native Americans has been particularly successful in establishing bridges between the DHS and tribal officials in northwest Iowa and in increasing the use of relative placements. A separate project addressing African American families in Des Moines is also helping to build bridges between DHS and the community. *Please see **Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC)** for more information.*
- **Breakthrough Series Collaborative (BSC):** The DHS staff, Iowa Children's Justice, and Casey Family Programs collaborate on a Casey BSC to identify, develop, test, implement and spread promising strategies to reduce disproportionality and disparate outcomes for minority children and their families. There currently are eight sites with at least one in each DHS service area. The Iowa Supreme Court authorized judges to participate at BSC sites. *Please see **Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC)** for more information.*

Additionally, the DHS policy staff, Social Work Administrators (SWAs), and Iowa Children's Justice will create and implement a plan on how to connect and collaborate with minority members of Iowa's communities to remove cultural barriers to successful service delivery and to share results and best practices. Iowa's new service array contracts also include enhanced cultural competency expectations. Furthermore, the Bureau of Service Support and Training and the Child Welfare Partners Committee (CWPC) training subcommittee will build on the current training plan to address cultural competency and responsiveness, including implementing any new training and on-going practice supports.

DHS' Bureau of Quality Improvement, in collaboration with DHS policy staff, SWAs, and Iowa Children's Justice, will develop and implement a plan to evaluate effectiveness of activities to increase cultural competency and responsiveness of DHS staff and will analyze the results for impact outcomes with a report to central office and field, which will inform field practice.

2010 IV-E Review: During the week of September 27, 2010, Administration for Children and Families and Children's Bureau staff in conjunction with IDHS and Iowa Children's Justice (Iowa's Court Improvement Project) staff completed the Title IV-E audit of Iowa's foster care Title IV-E Claiming. The period under review was from October 1, 2009 through March 31, 2010. As this was a subsequent primary review, 80 cases were reviewed. All 80 cases met the Title IV-E eligibility requirements and there were no non-error cases identified.

During the audit, federal review staff identified both strengths and areas for improvement. The areas for improvement primarily involved court order related issues (timeliness of written orders, orders without signatures and orders that did not indicate the type of hearing). IVE Unit staff met with Iowa Children's Justice staff following the audit to discuss the identified court order related issues. There are no further actions needed at this time.

Promoting Safe and Stable Families Programs (PSSF)

(title IV-B, subpart 2)

Promoting Safe and Stable Families (PSSF) services are community based and offered to assure the safety, permanency, and well-being of Iowa's children and their families. Iowa chose to use a portion of its PSSF Planning funding dollars to enhance and provide family services that overlap the four service areas that include Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support Services. IDHS staff allocated PSSF Time-Limited Family Reunification funds to the five community-based IDHS service areas according to a formula, based on the number of children in out-of-home placements for the service area out of all the children in out-of-home placements for the entire state. The formula represents a change from Iowa's Child and Family Service Plan (CFSP), which previously indicated the formula utilized child population and poverty information.

PSSF Planning

Community Partnership for Protecting Children

Community Partnerships for Protecting Children (CPPC) is an approach that neighborhoods, towns, cities and states can adopt to improve how children are protected from abuse and/or neglect. The State of Iowa recognizes that the child protection agency, working alone, cannot keep children safe from abuse and neglect. It aims to blend the work and expertise of professionals and community members to bolster supports for vulnerable families and children with the goal of preventing maltreatment or if occurred, repeat abuse. Community Partnerships is not a "program" – rather, it is a way of working with families to help services and supports to be more inviting, need-based, accessible and relevant. It incorporates prevention strategies as well as those interventions needed to address abuse, once identified.

Community Partnership sites collect performance outcome data on the implementation of all four strategies. One of the most important aspects of CPPC is engaging community members in helping to create safety nets in their own communities. Statewide, there are approximately 1,837 professionals and 1,527 community members involved in the implementation of the four strategies. In calendar year 2010

(information available), sites held 377 events and activities with 50,125 individuals participating in community awareness that engages, educates and promotes community involvement in safety nets for children and increasing and building linkages between professional and/or informal supports.

Today in Iowa, over forty CPPC local decision-making groups, involving ninety-ninety counties, are guiding the implementation of CPPC. *Four key strategies guide the Community Partnerships approach:*

1) ***Shared Decision-Making (SDM)***

- 95% the sites had community members representation involved with SDM
- 80% of the sites had representatives from public and private child welfare agencies, substance abuse, domestic violence and mental health

2) ***Neighborhood/Community Networking***

- 100% of the sites were involved in community awareness activities.
- 92% of the sites were involved in activities that increased linkages between professionals and informal supports.
- 49% of the sites developed organizational networks to support families. Networks to date include: 13 Parent Partner Networks; 8 Circle of Supports; 2 Neighborhood Partner; and 11 Transitioning Youth Initiative sites.
- 4 Parent Partner trainings with a total of 80 participants.
- 4 Dream Team training with a total of 70 participants
- Approximately 12 Dream Team facilitators and approximately 45 Dream Team meeting held.

3) ***Family Team Meetings (FTM) and Individualized Course of Action***

- 100 % of the 99 counties have family team meeting available for families involved in the child welfare system.
- 7,943 FTM were held and 49% of families involved with the child welfare system received at least one FTM; Families within the child welfare system who did not receive FTM, 51%, received traditional social work practice, including staffings and individual family meetings with social work staff.
- Over 62% of the 99 counties have family team meeting available in the community (non-IDHS involved families).
- 5 FTM trainings with 85 participants
- To date (including IDHS courses): approximately 2,020 have attended FTM training and 1,000 are approved FTM facilitators.

4) ***Policy and Practice Change***

- 23% of the sites were in the process of identifying needed policy and practice changes
 - To identify needed changes, sites review administrative data, compile research, and receive feedback from DHS, providers, parents, and youth.
- 54% of the sites developed plans to address policy and practice changes.
- 23% of the sites implement policy and practice changes.
 - Policy and practice changes included: Strengthen communication between IDHS and community partners; gaps in services; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; Parent Partners; Transitioning Youth Initiative; transportation needs.

CPPC Educational forums:

- CPPC Immersion: 30 participants
- CPPC statewide meetings: 2 with an average of 95 participants per meeting
- CPPC regional meetings: 9 (3 meetings in 3 regions) with 20-30 participants per meeting

- Domestic Violence Trainings: 20 trainings with 536 participants including IDHS staff; domestic violence advocates and community partners

In addition to PSSF funding for CPPC, Iowa utilizes Community Based Child Abuse Prevention (CBCAP) funds, which fit well within the structure of CPPC. Two-thirds of the funding is awarded competitively through a Request for Proposals (RFP) to CPPC sites to strengthen local child abuse prevention activities. In general, CPPC sites tend to focus efforts exclusively on tertiary child abuse prevention. CBCAP funds require sites to begin implementing activities aimed at preventing child abuse and neglect before it ever occurs. For some, this is a new concept. Progress has been made, however, in helping sites understand the true nature of prevention. Additionally, grantees are moving in the direction of providing evidence-based and evidence-informed programs with funding allocated through CBCAP.

Service numbers for FFY 2010 are listed in the table below.

CBCAP Grant Allocation to CPPC Sites	\$294,902.00
Number of Parents/Caregivers Served	3,633
Number of Parents/Caregivers with Disabilities Served	190
Number of Children Served	4,652
Number of Children with Disabilities Served	280
Number of Hours of Respite and Crisis Child Care	26,882
Number of Group Parent Education Sessions Held	385
Number of Home Parent Education Sessions Held	6,295
Number of Family Support Group Meetings Held	283

Service numbers for FFY 2011 thus far (October 1, 2010 – January 31, 2011) are listed in the table below.

CBCAP Grant Allocation to CPPC Sites	\$307,825.00
Number of Parents/Caregivers Served	2,145
Number of Parents/Caregivers with Disabilities Served	104
Number of Children Served	2,366
Number of Children with Disabilities Served	186
Number of Hours of Respite and Crisis Child Care	5,398
Number of Group Parent Education Sessions Held	161
Number of Home Parent Education Sessions Held	3,233
Number of Family Support Group Meetings Held	125

2011 CFSR PIP (to be implemented over the next two years):

Strengthen Community Partnership for Protecting Children (CPPC):

CPPC is guided by four key strategies: 1) shared decision-making; 2) individualized course of action utilizing family team meetings; 3) neighborhood/community networks; and 4) policy and practice change. There are four levels of implementation per strategy:

- Level 1 – Early development of the four strategies;
- Level 2 – Achievements built on Level 1;
- Level 3 – Mature CPPC site; and
- Level 4 – Ideal CPPC.

As a community embarks on implementing CPPC, the level of implementation depends upon: (1) length of time as a CPPC community; (2) existing community assets and liabilities; (3) community's ability to

collaborate; and (4) leadership strength, stability and ability to motivate others. Recognizing that sites have unique strengths and needs, stakeholders developed an assessment tool (referred to as the “level document”) to define and clarify current capacity and ways to deepen efforts and broaden implementation. The tool also provides process measures to identify progress and develop guidance toward meeting desired outcomes.

The level document is organized around the four CPPC strategies, with the four levels per strategy. In keeping with the philosophy of shared decision-making, this tool was developed by representatives of CPPC sites based on their actual experiences and capacity. Minimum expectations were defined, with Level 1 representing the early stages of development. Level 2 builds on achievements from Level 1. Level 3 is based on Cedar Rapids’ implementation because it is the most mature CPPC site with the most time invested. Level 4 is based on the vision of the ideal Community Partnerships --- one that has not yet been fully realized, but is achievable. For a previous evaluation and description of each level for each strategy, please see: http://www.dhs.state.ia.us/cppc/service_reviews/index.html.

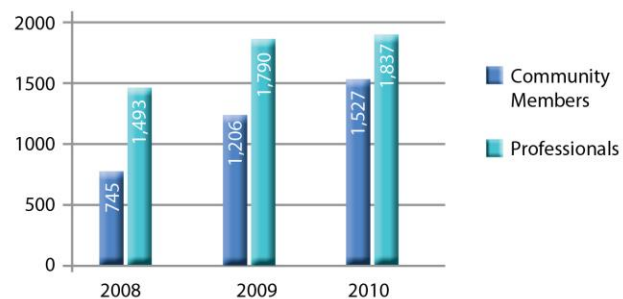
At the beginning of each fiscal year, CPPC sites are required to submit a plan stating the goals for each year. These plans are first developed and approved by the CPPC local steering committee and then submitted to the local Decategorization (Decat) board. Once the plans are approved locally, they are submitted to the DHS state CPPC coordinator for further review and approval. Before funding is allocated, the DHS Service Area Manager approves and signs the contract. Local CPPCs meet monthly to monitor their progress. Community Partnership sites are asked to collect performance outcome data on the implementation of all four strategies: shared decision-making; neighborhood/community networking; individualized course of action; and policy and practice change. At the end of each fiscal year, sites are required to submit the data in a progress report. Again, the local CPPC steering committee approves this report and then it is submitted to the local Decategorization board for review. Sites then submit the report to the DHS state CPPC coordinator who reviews and collects data from each report. The DHS state coordinator often will contact sites for clarification.

The Community Partnership framework advocates for a balance of community members and professionals working together. Most sites have identified a goal of 50% community members involved in the over-all CPPC implementation. There was a substantial increase in community involvement from 2008 to 2010. In 2010, sites held 377 events and activities identified in level 1 & 2 with 50,125 individuals participating. (These figures do not include the distribution of newsletters and brochures.) While many sites are at level 2 (community events, awareness campaigns, etc.) there have been substantial increases in sites obtaining levels 3 & 4. This may be a reflection of an increased focus on the Parent Partner Approach, Transitioning Youth Initiative, Circles of Support and Neighborhood Partners and hubs.

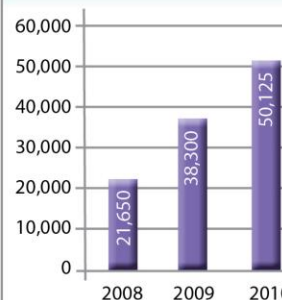
These efforts are shaped through a shared decision-making process, provide individualized supports for families and youth, are part of the fabric of neighborhood networks, and influence policy and practice changes. The following charts demonstrate the community organizing and the policy and practice changes that are taking place through the local Community Partnerships. Each site focuses on all four CPPC strategies but implementation approaches differ. The focus of current evaluation is to determine the scope and complexities of the implementation through an implementation level process. Due to the nature of community organizing, multitudes of variables, diversity of site implementation and limited resources, outcomes are difficult to measure statewide.



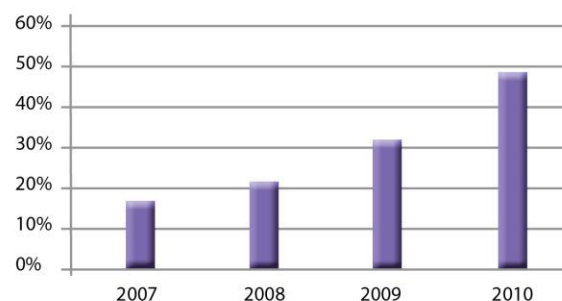
Number of Community Members and Professionals Involved



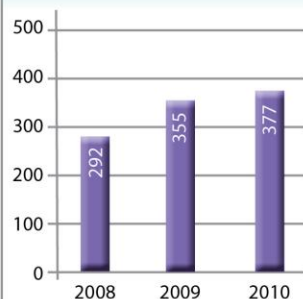
Number of Participants



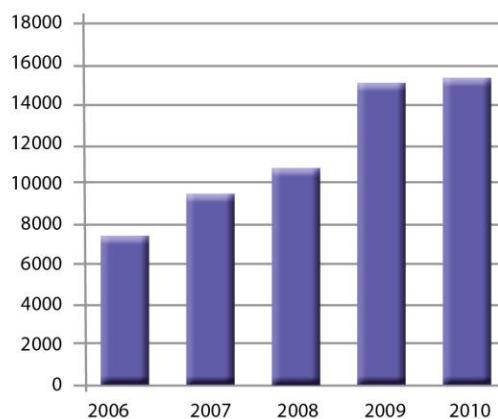
Percentage of Sites Implementing One or More of the Following Networking Strategies:
(Parent Partners, Circles of Support, Transitioning Youth, Community Hub)



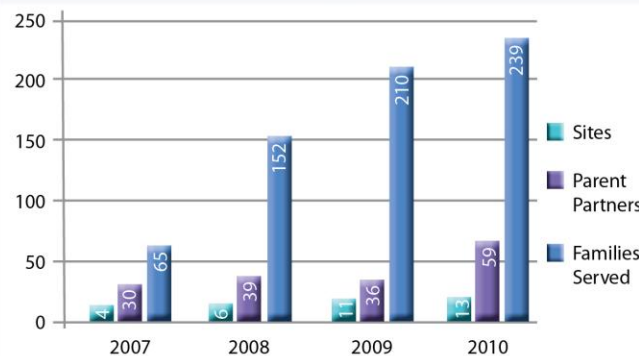
Number of Networking Events



Number of DHS Family Team Meetings



Participants in the Parent Partner Approach by Year





The DHS state coordinator compiles the data from the sites' reports into a statewide comprehensive report that is shared with the Community Partnership Executive Committee (CPEC) for review. From this review, areas that need improvement are identified and assigned to CPEC Evaluation Task Teams for further examination and recommendations on how to address certain issues of low-performance sites. For this comprehensive report, see Community Partnership 2010 Report @ http://www.dhs.state.ia.us/cppc/service_reviews/index.html.

As part of quality assurance, through the level document and reporting mechanisms, DHS policy staff can measure the progress towards the implementation of the four strategies. Through site visits with the local CPPC steering committees, and feedback at the regional and state meetings, the DHS state CPPC coordinator verifies information in the reports and provides technical assistance on opportunities for improvement. Community Partnership sites share their progress at the peer-support regional meeting (9 actual meetings) and two statewide meetings.

Family Team Decision-Making Meetings

IDHS adopted Family Team Decision-Making Meetings (FTDM) as a method to empower, engage and encourage families to take ownership and control over their own lives. The FTDM process, a strength-based process, encourages families to draw upon formal and informal supports, promotes team decision-making, and provides a healthy environment for resolving conflict and solving problems. With families taking ownership of their lives, services are more effective to address underlying issues that led to maltreatment with the aim of preventing recurrence. Additionally, parents and children are engaged in the case planning process, including discussion of safety concerns, reunification efforts, family interactions, permanency plans, and concurrent permanency plans. Children and parents engaged in the case planning process facilitates timely and appropriate establishment of permanency goals and concurrent permanency goals.

To date (including IDHS courses): approximately 1,920 have attended training and 1,045 are approved FTDM facilitators. Over 50% of the 99 counties have family team meeting available in the community for non-IDHS involved families as prevention strategy.

At this point, Iowa does not track data related to outcomes of family team decision-making meetings. We can track the number of attendees at a training and the number of approved FTDM facilitators. This information is noted above. Family team decision-making meetings are one piece or tool in the process of engaging families that workers are encouraged to utilize when feasible or appropriate depending on the specific case situation and need. Iowa does not track or connect who is provided family team decision-making meeting services to the outcome of the case. FTDMs are offered across the state and will continue to be an option for families. Iowa will explore the feasibility of examining FTDM more thoroughly through data collection.

2011 CFSR PIP (to be implemented over the next two years): Results of the 2010 CFSR indicated that FTDMs are not utilized consistently in all cases, the effectiveness is influenced by facilitator skill, and there is no quality assurance component to gauge effectiveness.

The Family Interaction/Family Team Meeting Committee will examine current FTDM practices across the state, including barriers to effectiveness in processes, and review the current Family Team Decision-Making Meeting (FTDM) standards and handbook, which will include, but not be limited to:

- Creating IDHS staff engagement in the FTDM philosophy and process;
- Reviewing the standards for preparation of FTDMs;
- Selecting criteria for effective preparation of FTDMs;

- Establishing best practices when FTDMs should be held in the Life of the Case;
- Assessing length of time to achieve goals of FTDMs (e.g. 1 ½ hours); and
- Identifying the FTDMs behavioral benchmarks for moving the family toward success and safe case closure.

In an effort to increase the effectiveness of FTDMs, the Family Interaction/Family Team Meeting Committee, in collaboration with the Child Welfare Partners Committee (CWPC) training subcommittee, will review the current FTM facilitator approval process, both for IDHS staff and external stakeholders, including barriers and required training, and will implement a revised approval process, if determined by the group that it is necessary. Both committees also will identify barriers to establishing a re-approval process, establish the re-approval process, including any required training, and implement the re-approval process. The committees may recommend that the “approval” process become a “certification” process. If approved by the Service Business Team (SBT), the committees will provide additional recommendations. Additionally, the committees will discuss the structure of the re-approval process, such as whether everyone currently “approved” goes through the re-approval process and how to structure implementation of the re-approval process, e.g. staged implementation.

To gauge effectiveness of FTDMs, IDHS’ Bureau of Quality Improvement will develop and implement a plan to monitor FTDMs throughout the Life of the Case, develop and implement a survey for families to complete indicating how effectively they believed they were engaged in the FTDM, and develop and implement a plan for a qualitative analysis of family engagement. The IDHS’ Bureau of Quality Improvement will analyze findings and provide the analysis to IDHS central office and field staff for any needed practice changes in order to achieve desired outcomes.

Domestic Violence Activities

To address the issue of domestic violence and the possible need for repeat foster care placement, Iowa contracted with the Iowa Coalition Against Domestic Violence (ICADV) to provide case consultations and trainings on domestic violence to field staff. Utilization of domestic violence expertise assists staff in providing appropriate services to families to reduce the possibility of children in these families re-entering foster care. For FFY 2010, ICADV conducted 14 case consultations and technical assistance sessions with IDHS staff. In addition, ICADV staff provided 20 trainings with 536 participants attending including IDHS staff; domestic violence advocates and community partners.

Parent Partners

The Iowa Parent Partners seeks to provide better outcomes around re-abuse, and reunification. Parent Partners provide support to parents that are involved with IDHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families’ success and strengths, exemplify advocacy, facilitate Building A Better Future (BABF) training and presentations, and collaborate with IDHS and child welfare.

Participants share experiences and offer recommendations through: foster/adoptive parent training; new child welfare worker orientation; local and statewide planning/steering committees and conferences; and Community Partnership participation. Their efforts support placement stability for children in care, support timely reunification, and support successful reunification to prevent re-entry. Parent Partners work with social workers, legal professionals, community based organizations, and others to provide resources for the parents they are mentoring. The goal of the Parent Partner Approach is to help birth parents be successful in completing their case plan goals. This is achieved by providing families with Parent Partners who are healthy and stable, and model success.

In FFY 2009, IDHS was selected by the Midwest Child Welfare Implementation Center (MCWIC) as an implementation site to spread the Parent Partner Approach throughout Iowa. Within this MCWIC partnership, a work plan details a systematic expansion from six current Parent Partner sites to 22 Parent Partner sites over five years. New Parent Partner sites that are selected may receive funding for coordination of up to \$20,000 per year, for up to three years. Five new Parent Partners sites are receiving this funding.

Scope of Parent Partner Activities

The Parent Partner Approach completed its third full year of implementation in 2010 including the addition of two new sites. Currently there are 13 Parent Partner sites covering 39 counties:

- Cherokee, Lyon, Plymouth, and Sioux (Sioux Cluster)
- Buena Vista, Clay, Dickinson, O’Brien, and Osceola (Lakes Area)
- Polk
- Linn
- Madison, Marion, and Warren
- Wapello and Mahaska
- Woodbury
- Johnson
- Webster, Pocahontas and Calhoun
- Black Hawk, Bremer, Butler, Franklin, and Grundy
- Cerro Gordo, Hancock, Winnebago, Worth, Floyd, Mitchell, and Chickasaw
- Humboldt, Hamilton and Wright (new in 2010)
- Monroe, Appanoose and Davis (new in 2010)

If a person chooses or does not meet Parent Partner criteria, s/he can be involved as a Parent Partner Aide or Ally to support the program and parents by attending and/or developing birth parent orientation and support groups, participating in curriculum, policy, and internal organization, creating and implementing recruitment strategies, sharing experiences and administrative support.

Participants share experiences and offer recommendations through foster parent training, new child welfare worker orientation, local and statewide planning/steering committees and conferences, Community Partnership participation, and other speaking engagements to increase awareness.

As of the annual reporting period ending September 30, 2010, there are 59 Parent Partners currently assigned to 239 families. The types of support and number of times each was provided to families this year by Parent Partners includes, but is not limited to:

Cumulative Service	FY 2007	FY 2008	FY 2009	FY 2010	Cumulative Total
# New Parent Partners	17	39	23	26	105
# New Families Served	15	152	237	289	693

Types of Support Provided	# Times Parent Partners participated	Types of Support Provided	# Times Parent Partners participated
Attend FTM	427	Helped a parent access needed services	2,233

Support family at court	846		Supported the parent during/before/after visitation	322
Attended other child welfare meeting	242		Had face-to-face contact with a family	4,798
Went to counseling session with a parent	117		Had other contact with a family	24,047

Training Capacity

The core training requirement for the Parent Partner Approach is *Building a Better Future (BABF)*. This three day workshop is designed develop a greater understanding of the child welfare process. It is also designed to provide participants with tools and skills to assist parents to move through the IDHS child welfare system more successfully.

All Parent Partners must complete the *BABF* training as well as training in Mandatory Reporting, Boundaries and Safety Issues, and IDHS 101 prior to being assigned a family to mentor. Additional training will cover the topics of Domestic Violence, Mental Health, Family Team Meeting Overview, Cultural Competency, and Substance Abuse.

Projections for the Future

The framework for expansion is based on the current funding subsidy from a grant administered by the Midwest Child Welfare Implementation Center (MCWIC). The plan is to add seven new Parent Partner sites in each of the next two years. Several county clusters have expressed interest and technical assistance has been provided to guide the local steering committees as they plan for this new approach. It is quite possible to have Parent Partners available statewide in the very near future.

Limited MCWIC funds are available to support coordinator expenses for new sites. Ultimately, the success of each site will be determined by the local interest in the approach, involvement of families given the opportunity to participate, and a viable plan for sustainability beyond the MCWIC subsidies.

2011 CFSR PIP (to be implemented over the next two years): In the summer of 2011, Iowa anticipates adding seven Parent Partner sites. To support the expansion of Parent Partners, the IDHS policy staff will evaluate how to increase efficiencies through conversations with Family Safety, Risk, and Permanency services' providers, will review Parent Partner feedback and will make recommendations for policy and practice changes.

In collaboration with the Child Welfare Partners Committee (CWPC) training subcommittee, IDHS policy staff will expand the Parent Partner Building a Better Future (BABF) train-the-trainer program, conduct trainings, and increase Parent Partner participation in IDHS and provider trainings. The goal for the BABF train-the-trainer program is to recruit enough BABF trainers strategically located geographically so that each Parent Partner program has access to both a professional and parent trainer. The BABF training must be facilitated with a pair of trainers: a DHS staff or a child welfare professional and a Parent Partner. Most sites hold BABF trainings twice a year to maintain capacity for Parent Partners.

Potential new trainers must co-train a minimum of two times and be evaluated by a Master trainer and attend a train-the-trainer session. Master trainers received their training from the national trainers or have conducted six BABF trainings with good participant evaluations. Once a trainer has been approved by a

Master trainer, they often provide the local BABF training or provide BABF training for a new Parent Partner site. It takes approximately two years to become an approved trainer. For more information regarding the Parent Partners and BABF see

http://www.dhs.state.ia.us/cppc/Parent_Partner_Program/index.html.

Each year, potential new trainers, Approved trainers, and Masters trainers attend BABF train-the-trainer two-day sessions. There are three primary reasons for this: to review any curriculum changes, model the training for potential new trainers, and skill building for the Approved trainers. As the Parent Partner program grows, Iowa needs to expand the training pool to ensure there are enough trainers to meet the demand.

Currently, Iowa has 8 Master trainers (4 parents and 4 professionals), 4 Approved trainers (2 parents and 2 professionals) and 15 in the process to be approved (10 parents and 5 professionals). The anticipated need is approximately 10 Masters and 10-14 Approved trainers to geographically cover the state. Even after this goal is met, due to transitions, Iowa will need to continually recruit new trainers to maintain a pool of qualified trainers.

Iowa tracks the number of trainings and participants who attend BABF trainings as well as receives the training evaluations. On a Likert scale from one to five with five being the highest score, the overall evaluation scores are between four and five. This is one of the highest rated trainings offered and there has been an overwhelming positive response. As the number of Approved trainers and Master trainers increases, the number of trainings will increase as well as the accessibility to training. The evidence of completion is when we have enough trainers to maintain the statewide capacity for implementing BABF training to sustain the Parent Partners and the majority of pertinent DHS staff have been trained.

Once a site is approved for a Parent Partner program, BABF training with a Master trainer is scheduled for this area. Approximately, six to eight months after this initial training, another BABF training is held in order to build capacity. Approximately 60%-70% of the first-year sites have had two trainings within the first year. All the new sites have had two trainings within the first year and a half. After these two trainings are held, sites are responsible for contracting directly with Master or Approved trainers for their local trainings. Most sites recruit potential trainers from within their program to participate in the train-the-trainer program as a sustainability strategy.

Quarterly, each Parent Partner site submits a report to the Parent Partner state coordinator. Within this report, sites track how many parents were involved in local activities, trainings including DHS and provider trainings, and how parents are participating on various committees. The data below is based on the number of times parents were involved in each activity. Therefore, the actual number of parents involved is duplicated.

- Parent Partners who helped DHS and their communities in the past year:
 - Foster parent training – 12 parents involved
 - DHS new worker training – 16 parents involved
 - CPPC meetings and activities – 131 parents involved
 - Speaking engagements and other activities to raise awareness – nearly 400 parents involved

The state coordinator tracks the number of parents who are participating in state level trainings as well as state level committees. This tracking enables Iowa to compile the number of parents involved in specific activities, trainings as well as committees, and monitor the increased participation.

Additionally, to support the sustainability of Parent Partners, Parent Partners and Family Safety, Risk, and Permanency (FSRP) contractors will begin conversations around collaborating. Through partnership with the MCWIC, Iowa will conduct an extensive evaluation of the Parent Partner approach through review of administrative data and conducting individual interviews and focus groups to determine the approach's effectiveness in supporting timely reunification and successful reunification to prevent re-entry.

Transitioning Youth Initiative (TYI) and Iowa Youth Dream Teams

This is the third year for the *Transitioning Youth Initiative (TYI)* and efforts continue to support youth who are involved in or who have aged out of Iowa's foster care system. The TYI communities implement collaborative efforts focused on the four CPPC strategies: shared decision-making, individual courses of action, neighborhood networking, and policy and practice change. Through these Community Partnership efforts, the *Iowa Youth Dream Team (IYDT)* process was developed and implemented. This is a youth-centered planning and practice model that empowers youth to take control of their lives and achieve their dreams. Supportive adults and peers create a team to help the youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships. Through these connections and relationships, young people are better able to access and take advantage of the resources, knowledge, and skills needed to support themselves and realize their dreams. TYI/Dream Team coaches and trainers meet monthly via conference call to discuss progress of each site. Each new site is assigned a coach/trainer that helps the community plan and prepare for aspects of TYI and dream team implementation.

New grants were not awarded this year. However, trainings and community coaches continued to work with the sites to build capacity. Several new areas requested training and technical assistance. Goals for FFY 2012 will be to explore ways to increase management capacity, enhance IDHS staff engagement strategies and training, and recruit FTDM facilitators to assist in facilitating Dream Teams.

➤ TYI and IYDT for FFY 2010:

- 37 counties involved in various stages of implementing TYI and dream teams.
- 49 youth have participated in the Dream Team process (total to date - 114 youth)
- 91 Dream Teams held
- 28 facilitators trained and are approved or in approval process
- 8 IYDT Coaches (developing skills and building expertise – formalizing coaching pool)
- 5 IYDT Trainers, 3 IYDT Youth Co-Trainers
- 7 Dream Team local trainings with approximately 125

Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC)

The MYFI Sioux City efforts continue to support a specialized IDHS unit that includes Native American liaisons who assist social workers in bridging cultural understanding. IDHS leadership continues to partner with the Community Initiative for Native Children and Families (CINCF) in Sioux City producing collaborative efforts to improve practice. Sioux City will host the eight annual conference with participation from the Native American Community, IDHS and other child welfare partners. Quarterly, state administrators meet with broad based coalition (Four Direction & CINCF, juvenile court, service providers and community) members to discuss strategies to improve policy, practice and services for Native American families. All these efforts have contributed to the success in reducing disproportionality for Native American children in the Sioux City service area.

According to the University of Iowa, who collects data for the MYFI and BSC, the most recent estimate for the relative rate for Native American children in placement in Sioux City is 7.6. (The relative rate is the number of minority children per thousand in placement divided by the number of white children per

thousand in placement.) After dropping for years from over 7 to 4.9 two years ago, the relative rate has rebounded. This is in part due to the substantial reduction in the rate of placement for white children. The total number of Native American children actually dropped from 133 in 2009 to 124 in 2010 while during the same time the numbers for white decreased from 473 to 350.

The MYFI Des Moines efforts continue to focus on relationship building and providing individualized and flexible services to the African American Community. Previously, this community participated in a national Breakthrough Series Collaborative and continues to implement Plan-Do-Study-Act process to address needed practice and policy changes to provide supports and services for the African American community. Through Community Partnership efforts, 13 African American community members and one Spanish speaking family team meeting facilitators have held 90 Family Team Meetings for high-risk families who are not involved with IDHS. Des Moines has also recruited several African Americans and other minorities for their Parent Partner program. When the MYFI started in Des Moines, the relative rate for African American children was 5 and today the relative rate for African Americans has reduced to 2.3.

Casey Family Programs (CFP) has hosted four Breakthrough Series Collaborative Learning Sessions focused on disproportionality and disparity. Teams from eight Iowa communities that have relative high minority populations have participated in these learning sessions. Each team is comprised of minority representatives, parent, youth, IDHS leadership, Children's Justice' representatives, Judges, and Community Partners. The Teams, Senior Leaders, and Day-to-Day managers participate in monthly calls related to the BSC. By implementing a policy and practice change model called Plan-Do-Study-Act (PDSA), these eight communities made several practice changes. The following is a list some of the activities (PDSA's) initiated in the BSC collaboratives:

- Educate court-appointed attorneys on the advocacy role they play for parents of color.
- Empower the family to influence how removals of their children transpire, including where their children are placed.
- Connect African-American parents to culturally specific parent education.
- Train front desk employees better to handle these unique requests knowing the language barrier and the concerns around trust.
- A multi-disciplinary team with community representatives reviews cases where families are in need of basic care items that, if provided, would allow the case to be safely closed.
- Peer support for parents involved with IDHS.
- Social workers using a checklist to explore who families consider to be important in their lives (family and non-family) in order to identify possible areas of support and potential referrals.
- At Family Team Meetings parents are given a resource calendar to facilitate keeping track of various appointments.
- Supports for children and youth in becoming active participants in their cases by letting them know exactly when visits, concerts, appointments, court dates, etc are taking place.
- A local version of the African American Resource Guide was created to increase access to culturally relevant resources.
- Partnering with parents to determine what the family's strengths and needs are and to build trust between the family and IDHS.
- Increase adequate representation which will provide the Judge with the necessary information to make important judicial decisions.
- Develop working partnerships with African American youth during placements.
- Provides children with a visit with their parents within 24 hours of removal.
- Increases engagement and trust with parents by focusing in on key areas of strengthening child safety and how case planning will support this.

- Increase the number of speedy reunifications for African-American families.
- Plans to utilize the Race-Power of an Illusion video through community.
- Providers are introduced to culturally aware practices and approaches which build better relationships between providers and families
- Implement Pre-Removal Conference.
- The Cultural Support Plan guides conversations with families, youth, and placements by asking questions about language, race, ethnicity, family history, traditions, sibling contact, and other key aspects of youth/families lives.

Another BSC learning session is planned for September 2011 and will be partnered with the Disproportionate Contact Conference (DMC) hosted by IDHS and CJJP. The focus of this conference will to promote collaborative efforts focus on youth in the both systems. The eight communities are committed to continuing the BSC and PDSA efforts. Below is a relative rate chart that established a baseline in 2010 for each of the counties involved in the BSC efforts.

County	Confirmed & Founded Assessments	Entries to Placement
Black Hawk	2.33	3.78
Dallas*	1.20	1.11
Des Moines	1.43	1.85
Dubuque	5.13	1.91
Johnson	10.66	4.54
Linn	3.81	2.21
Webster	1.95	1.32
Woodbury	1.78	1.13
*Relative rates for Dallas County are for Hispanic; other RR are for African American		

2011 CFSR PIP: To improve the cultural competency and responsiveness of Iowa’s child welfare system, the IDHS’ and external partners will continue to collaborate to increase the knowledge and skills of the child welfare workforce through sharing and using best practices identified from the MYFI and BSC projects described above. Additionally, the IDHS policy staff, Social Work Administrators (SWAs), and Iowa Children’s Justice will create and implement a plan on how to connect and collaborate with minority members of Iowa’s communities to remove cultural barriers to successful service delivery and to share results and best practices. Iowa’s new service array contracts also include enhanced cultural competency expectations. Furthermore, the Bureau of Service Support and Training and the Child Welfare Partners Committee (CWPC) training subcommittee will build on the current training plan to address cultural competency and responsiveness, including implementing any new training and on-going practice supports.

IDHS’ Bureau of Quality Improvement, in collaboration with IDHS policy staff, SWAs, and Iowa Children’s Justice, will develop and implement a plan to evaluate effectiveness of activities to increase cultural competency and responsiveness of IDHS staff and will analyze the results for impact outcomes with a report to central office and field, which will inform field practice.

PSSF Family Preservation

IDHS allocates less than 20% of funding for family preservation services as Iowa has family centered services statewide. Family centered services are funded through a combination of state and federal Medicaid funds.

Safe Haven Program:

Safe Haven for Newborns—Overview of the Iowa Safe Haven Act (Implemented 2001)

The Iowa General Assembly passed the Safe Haven for Newborns law in 2001. The Safe Haven Act is a law that allows parents - or another person who has the parent's authorization - to leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment.

A Safe Haven is an institutional health facility - such as a hospital or health care facility. According to the law - an "institutional health facility" means:

- A "hospital" as defined in Iowa Code section 135B.1, including a facility providing medical or health services that is open twenty-four hours per day, seven days per week and is a hospital emergency room, or
- A "health care facility" as defined in Iowa Code section 135C.1 means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.

IDHS maintains a website featuring links to important documents and information targeted to parents, hospitals and other designated Safe Havens, IDHS child protective services, and the community, which is accessible at http://www.IDHS.state.ia.us/Consumers/Safety_and_Protection/Safe_Haven.html

Iowa's universal Safe Haven symbol sign is printable from the website and displayed in all Safe Havens across the State of Iowa. Informal surveys indicate the public is familiar with the sign and what it represents.



In addition to the website, public service announcements are aired advising the public of the Safe Haven Law. The ads include a toll free number that can be called 24 hours a day for additional information. The Safe Haven Program Manager located in the central office provides Safe Haven support services and technical support.

One infant was surrendered in FFY 2010 through the Safe Haven Act, which brings the total to 14 children since the law was enacted. No babies have been surrendered in FFY 2011 as of the date of this report. Iowa's 2010 IV-B Annual Progress Services Report incorrectly indicated that 17 babies had been surrendered since implementation of the Safe Haven Act.



PSSF Family Support

Iowa Child Abuse Prevention Program Service Outcomes

The Iowa Child Abuse Prevention Program (ICAPP) strives to reduce family stress, improve family functioning and increase family protective factors, in order to reduce the risk of child abuse and neglect. As a way to assess whether these changes occur, local programs ask participants to complete service evaluations based on the various types of programming provided at the local level, including Crisis Nursery, Parent Education, Respite Care, Sexual Abuse Prevention (child and adult instruction) and Young Parent Support. Following is a summary of the services provided, data collected, and participant responses for services provided during State Fiscal Year 2010 (July 1, 2010-June 30, 2011):

Crisis Nursery

Crisis Nurseries provide a temporary, safe environment for children aged birth through 12 years whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives. Crisis Nursery services are available to families under stress 24 hours per day, seven days per week and families may utilize the services for up to 72 hours at a time.

- 84.0% of respondents (131 out of 156) reported that Crisis Nursery services reduced family stress *a lot*.
- 15.4% percent said the services reduced stress *some*.
- 100% of respondents (156) indicated that they *strongly agreed* or *agreed* that they know how to get help for their families as a result of using CN services.
- A total of 129 respondents (84.3 percent) said programs provided them with information about parent education opportunities in their community.
- Surveyed parents gave Crisis Nursery programs very positive marks, with overall ratings of 4.86 for the quality of child care and 4.95 for overall satisfaction, on a scale of 1 (*poor* or *very dissatisfied*) to 5 (*excellent* or *very satisfied*). All of the programs had scores of at least 4.75 on both scales.

Parent Education

Parent education programs prevent abuse by teaching parents what to expect from children and how to deal with difficulties. They teach parents communication and listening skills, effective disciplinary techniques, stress management and coping skills, and what to expect at various stages of development. Understanding difficult phases of development such as colic, toilet training, and refusal to sleep help lower parents' frustration and anger. Parent education programs are offered through group classes or home-based sessions, depending on the needs of the family and community. Listed below are some of the various parenting curricula that are used:

- The *Nurturing Program*: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.
- The *Love and Logic* program: a group-based program that typically is offered in six weeks.
- The *Parents as Teachers* (PAT) curriculum: a home-based, early childhood family education and support program designed to empower parents to give their children the best possible start in life. PAT follows families from prenatal times up to school age.
- *Strengthening Families*: an eight-session program for families with children in 4th to 6th grades. Both Celebrate Families and Strengthening Families help families improve their communication and functioning.
- *Active Parenting*: a group-based, six-session program that teaches basic skills to parents.
- *Boot Camp for New Dads*: a workshop taught by fathers using a dad-to-dad training approach.



Service data and outcomes reported by participants of ICAPP parent education programs include the following:

- A total of 3,671 parents with 5,010 children received instruction, with 80.6% of parents completing the instruction.
- Parent Education programs returned completed surveys from 1,522 of the 3,671 participants (41.5%).
- Of those surveyed, the following results were reported:
 - 878 participants (61.0%) replied that family interactions improved *a lot* and another 526 (36.6%) said that family interactions improved *some*.
 - On average, respondents marked that their confidence in parenting had increased by 1.10 point on a 5-point scale *after* instruction.
 - Participants rated their *overall satisfaction* with programs, on average, at a 4.72 on a scale of 1 (*very dissatisfied*) to 5 (*very satisfied*).
 - Participants also identified self-reported increases in knowledge in the following areas (on a scale of 1-5):
 - Positive ways to manage my child's behavior (+1.43 points)
 - How to effectively communicate with my child (+1.32 points)
 - Ways to establish safe relationships with my family (+1.17 points)
 - Realistic expectations for my child (+1.32 points)
 - Good ways to manage my stress (+1.38 points)

Respite Care

ICAPP respite care programs provide parents with temporary relief from parenting responsibilities to reduce stress. Programs offer services through site- or home-based care. Service may be available at designated times or on short notice for crises. However offered, respite programs benefit parents and their children. For parents, respite services provide a break before the stresses of parenting build up and overwhelm a family. Parents may attend a doctor's appointment, run errands that would be difficult with young children, or take care of family matters. Many programs increase parenting skills by incorporating parenting education into their services. Programs also provide a safe and nurturing environment for children, who often have the opportunity to participate in activities and make new friends.

Service data and outcomes reported by participants of ICAPP respite programs include the following:

- A total of 951 families with 1,772 children received 62,200 hours of respite child care.
- A total of 577 surveys were returned from parent participants in the respite care programs.

Of those returned:

 - 97% of parent respondents (532 of the 570 who responded to this question) reported that services reduced the level of family stress *a lot* or *some*.
 - 97% of parents (550 out of the 567 who responded to this question) *strongly agreed* or *agreed* that they knew how to get help for their families as a result of these services.
 - 84% of parents (483 out of 577 responses) indicated that they were offered parent education opportunities while using respite care services.
 - 45% of parents (259 out of 577 responses) indicated that they also used parent education programs.



Sexual Abuse Prevention – child instruction

The core of most sexual abuse prevention programs includes teaching children about sexual abuse and how to protect themselves. This strategy continues to be the most widely used sexual abuse prevention method. Using this approach, sexual abuse prevention programs attempt to reach children to stop abuse before it occurs.

Specific curricula used by ICAPP programs include: *Kid Ability* (developmentally appropriate, standardized curricula to help children ages four to ten develop self-protection skills); *Ready, Set, Know* (an Iowa State University Extension self-protection program for children preschool through third grade); and *Care for Kids* (a comprehensive program that provides early educators, parents, and other professionals with information, materials and resources to communicate a positive message about healthy sexuality to young children).

Service data and outcomes reported by adults involved in these child-focused sexual abuse prevention programs include the following:

- A total of 5,629 adults and 49,712 children received information about sexual abuse prevention through 4,521 children's presentations.
- 1,731 surveys concerning child-focused SAP instruction were returned and indicated the following outcomes:
 - 99% of adults (1,716 out of 1,730 responses) *strongly agreed* or *agreed* that the program was developmentally appropriate for students.
 - 98.5% of adults (1,696 out of 1,721 responses) *strongly agreed* or *agreed* that the program provided adequately covered information about sexual abuse.
 - 98% of adults (1,691 out of 1,718 responses) *strongly agreed* or *agreed* that students demonstrated an understanding of sexual abuse information provided by the program.
 - 95% of adults (1,585 out of 1,662 responses) *strongly agreed* or *agreed* that students demonstrated the ability to apply self-protection skills.

Sexual Abuse Prevention – adult instruction

Although, historically, sexual abuse prevention efforts have been geared toward school-based child instruction, research continues to indicate a greater need for adult focused instruction in preventing the sexual victimization or exploitation of children. As a result, ICAPP has begun, in recent years, to fund adult-focused instruction and the outcomes of this instruction can be identified through the following:

- In State Fiscal Year 2010, approximately 7,105 adults received instruction about sexual abuse prevention through 385 adult education sessions and 181 public awareness presentations.
- Of those who participated 844 completed and returned feedback surveys indicating the following:
 - 51% of adult respondents *strongly agreed* and 48% *agreed* that they felt better able to identify appropriate sexual behaviors in children.
 - 50% of adult respondents *strongly agreed* and 48% *agreed* that they felt better able to identify inappropriate sexual behaviors in children.
 - 55% of adult respondents *strongly agreed* and 44% *agreed* that they felt better able to protect children from sexual abuse.
 - 62% of adult respondents *strongly agreed* and 38% *agreed* that they felt better able to get help for a child suspected of being sexually abused. Only 2 total respondents (less than 1%) *disagreed* or *strongly disagreed* with this statement.



Young Parent Support

For many reasons, children of young parents are at greater risk of being abused. Factors that can increase the risk of child abuse include the emotional underdevelopment of their parents and the associated lack of adequate coping skills. Combined with this are other realities often associated with being a young parent – such as social isolation, single parenthood, lack of parenting knowledge, and economic instability – which can also increase the risk of child abuse.

ICAPP-funded young parent support programs work to address all of these factors. First, they provide parenting education on topics like child development, age appropriate expectations, and discipline. Second, they provide the support that many young parents are missing through meetings with others in similar circumstances. Finally, they connect participants to concrete community supports to ease stress, such as housing assistance, food, and clothing.

Service data and outcomes reported by ICAPP participants in young parent support programs include the following:

- A total of 1,335 young parents and 1,644 children were served through young parent support programs in SFY 2010 with a completion rate of 82.9%.
- Of those parents, 371 completed and returned feedback surveys (28%) indicating the following:
 - On average, respondents marked that their confidence in parenting had increased by 1.09 points on a 5-point scale *after* instruction.
 - 99% of respondents (358 out of 362) *strongly agreed* or *agreed* that they felt the group listened to their ideas and concerns.
 - 94% of respondents (328 out of 348) *strongly agreed* or *agreed* that they felt more connected to other parents.
 - 55% of respondents (200 out of 362) reported their family's interactions improved *a lot* and 43% (156 out of 362) reported their family's interactions improved *some* as a result of participation in the young parent support program.
 - Participants also identified self-reported increases in knowledge in the following areas (on a scale of 1-5):
 - Positive ways to manage my child's behavior (+1.29 points)
 - How to effectively communicate with my child (+1.22 points)
 - Ways to establish safe relationships with my family (+1.12 points)
 - Realistic expectations for my child (+1.16 points)
 - Good ways to manage my stress (+1.42 points)

Child Abuse Prevention Services, State Fiscal Year 2010

<i>Program</i>	<i>Funds Awarded</i>	<i>No. of Counties</i>	<i>Parents/Adults Served</i>	<i>Families Served</i>	<i>Children Served</i>	<i>Hours of Care</i>
Crisis Nursery	\$115,343	6		239	410	17,001
Parent Education	\$477,404	53	3,826		5,002	
Respite Care	\$151,270	20	1,818	1,136	2,001	56,676
Sexual Abuse Prevention	\$424,433	68	13,918		55,585	
Young Parent Support	\$128,500	24	1,521		1,638	
Other Funded Projects	\$8,000	3	50		2,132	
TOTALS	\$1,309,607	174	21,565	1,406	66,864	79,442

The ICAPP Program is currently administered through a contract with the Iowa Department of Human Services (IDHS) and Prevent Child Abuse Iowa (PCAI). PCAI is responsible for establishing and expanding community-based prevention programs throughout the state of Iowa. Projects such as those described above are being offered currently in 91 of Iowa's 99 counties. PCAI does this by managing a competitive local grant for community-based prevention projects, providing ongoing support and technical assistance to local prevention councils/coalitions, and leading the program's research and evaluation components.

Future Direction of the Program

In March of 2011, the IDHS issued a new Request for Proposals (RFP) for the ICAPP administrative contract. Some of the key changes in this procurement include a better alignment between the federal CBCAP requirements and those under this state program to include any of the core prevention services identified in the recent CAPTA Reauthorization Act of 2010 (P.L. 111-136).

In addition, under this program, funding is made available to local community-based volunteer coalitions or councils throughout the state of Iowa. The new contract for the ICAPP administration is requiring that these local councils, in order to remain eligible for funding, begin to diversify their membership and assure that certain key disciplines or members are included in the make-up of their councils, such as mental health providers, substance abuse experts, domestic violence advocates, and parent participants. These requirements are meant to encourage greater collaboration among local service providers and to support the interdisciplinary roles they play in the community's efforts to prevent child maltreatment.

Finally, the program is also increasing the expectation that local community councils use prevention programming and family support models or curricula that rely on evidence-based or evidence-informed models of best practice in the prevention of child abuse and neglect. The ICAPP administrator will also have the added responsibility of creating an enhanced evaluation tool to measure key protective factors, and the increase in these factors, experienced by participants in ICAPP programs. This evaluation tool will play a key role in guiding the direction of programming in future years.

PSSF Time-Limited Family Reunification

Time-limited reunification services are provided to a child who is removed from home and placed in a foster care setting and to parents or primary caregivers. These services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family and/or reentry into placement.

Iowa allocates a minimum of 20% of the Promoting Safe and Stable Families (PSSF) dollars to Time-Limited Family Reunification. Dollars are allocated to the five service areas based on the number of children in out-of-home placements for the service area out of all children in out-of-home placements for the entire state. All services to children and their families are traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In several service areas, responsibility for Family Reunification is assigned to the area Decategorization (DCAT) committee. Use of funds and contract monitoring is done at the service area level.

In 2009, IDHS central office staff worked with the service areas to develop a “service menu” for Time-Limited Family Reunification Services. IDHS staff conducted a survey regarding the type of services currently utilized within each service area. Service areas included examples to share with other service areas that might be interested in implementing similar services. IDHS central office staff compiled and reviewed services adding a few additional services. The additional services included programs recommended to serve populations not currently served or to address issues discussed as needing service. The following is the “Service Menu”:

PSSF Menu of Services:

- **Family Team Meeting Facilitation** in order to facilitate reunification of children safely during the 15 month period that begins on the date the child is considered to have entered foster care.
- **Parent Partners** – specifically for families meeting the PSSF Family Reunification definition.
- **Fatherhood Program for Incarcerated Fathers** – more extensive, intensive and targeted services to assure that incarcerated fathers maintain an on-going presence in their child’s life.
- **MOMS OFF METH** – support groups specifically for mothers with past drug usage problems with children who have been in out of home care within the past 15 months.
- **Client Specific Services** for IDHS and JCO kids and families. Examples are substance abuse treatment, mental health therapy and transportation to these types of services.
- **Child and Family Advocates** – individuals are like a case aide and are contracted with Decat funds. They complete child studies, relative studies, provide transportation for children to and from placements, supervise some visit, research and contact family members, etc.
- **Functional Family Therapy** –FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials have demonstrated that FFT is effective and currently JCO is providing this service in several locations in the Ames Service Area. Decat would be the venue with a tracking mechanism for referral and follow-up process for reporting.
- **Substance Abuse Evaluations and Testing** via Decat with a tracking mechanism for referral and follow-up process for reporting.
- **Mental Health Evaluations and Therapy** via Decat with a tracking mechanism for referral and follow-up process for reporting.

- **Reunification Services for Minority Families.** Offered through Decat contracts with outcome based requirements and reporting as components.
- **Domestic Violence and Cultural Competency Services.** Offered via Decat.
- **Substance Abuse and Mental Health Counseling Services.** Group and home substance abuse services combined with mental health services.
- **Wraparound Emergency Services Fund** to provide services to low income families who would have their infants or children returned but for lack of such items as diapers, utility hook up fees, beds or cribs, or house cleaning or rent deposits on apartments, etc. The result would be a safer home for children to return to as well as a home more acceptable to the courts.
- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well being for children. When two or more parties are “stuck” on a position, mediation is used to help get “unstuck”. The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move on. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service. Mediation services can be purchased through Decat contracts. Services would be provided to PSSF Reunification eligible children and families.
- **Psychological Evaluations** for non-title 19 parents of children in out of home placement.
- **Psycho-Social Evaluations**

Service Areas report that use of the above “Service Menu” has been beneficial in more consistently meeting the needs of and shortening placements of children in placement in Iowa. In FFY 2012, the “Service Menu” will be reviewed with additions and deletions made based on input from internal and external stakeholders. The newly developed “Service Menu” will be implemented effective with SFY 2013.

PSSF Adoption Promotion and Support Services

The goal of adoption promotion and supportive services is to help strengthen families, prevent disruption and achieve permanency.

Iowa KidsNet (IKN), IDHS, and the Iowa Foster and Adoptive Parent Association (IFAPA) continue to collaborate on promoting adoption throughout the state. IKN selected an adoptive parent in each service area to become “Adoption Champions”. These parents attend local events, support groups and host events, as well as provide support and referral and resource information to adoptive families. Families were nominated by other families or staff to become a champion, and were selected to become a champion based on their experience, and enthusiasm for adoption.

In collaboration with IDHS and IFAPA, a letter is sent to each newly adoptive family that provides information on post-adoption services through IKN, and continued training through IFAPA, and support and resources provided by both agencies. Families can choose to remain on the IFAPA and IKN mailing lists to receive information on training, support groups, and resources.

Post-adoption services are provided directly by IKN. IKN has hired staff in each service area to provide post-adoption support to families who adopted children who receive or are eligible to receive adoption subsidy. The Navigator Program provides support services that include, but are not limited to:

- Home visits to assess a family and child’s needs
- Developing service goals to stabilize a child’s placement and meet the family’s needs
- Provide behavior management plans and assistance

- Respond to crisis situations and crisis planning
- Assist and support the family's relationship with a birth family or kin
- Advocate with the schools, IDHS and service providers for a child's treatment or needs
- Coordination with licensing staff or providers
- Referral assistance to community based providers
- Support and information on grief and loss and how to effectively parent
- Adoption support groups
- Cultural issues within adoption and reinforcing culturally competent parenting
- Transition issues related to adoption

Families can self-refer or be referred by IDHS or other provider staff for services for post-adoption services through IKN. Post-adoption services staff is to meet with each adoptive family prior to finalizing an adoption to provide information about post-adopt services. They also are responsible for starting support groups for adoptive families.

IFAPA also maintains resources and information on its website that is easily accessible to adoptive families. Adoptive families are able to attend any training or activity offered by IFAPA.

The number of adoption only families has continued to rise. In FFY 2010, 104 families newly approved were adoption only families, or 17% of all new families who became licensed for foster care or approved for adoption.

Post-adoption support services may be provided to any of the current 5,092 families who have adopted one or more of the 9,345 special needs children who are eligible for Adoption Subsidy. These services are available statewide. The Navigator Program served 565 families and 1,099 children in FFY 2010 and 586 families and 1,164 children so far in FFY11. Services through the Navigator Program are voluntary so IDHS does not track which families are receiving any component of post-adoption services. Any information regarding disruptions or dissolutions would have to be provided by the family since IKN may not be involved at that time or know there has been a disruption or dissolution.

The contract for the Recruitment and Retention of Resource Families has been re-procured. Four Oaks (lead agency of the Iowa KidsNet network) was awarded the contract and will continue to provide post-adoption services. In FFY 2012, Iowa KidsNet will continue to build and expand support to families through outreach, support groups, and collaboration with IFAPA, IDHS, and community providers.

SECTION B: COORDINATION AND COLLABORATION EFFORTS

Collaborative Panels/Committees

Child Welfare Partners Committee (CWPC)

The Child Welfare Partners Committee exists because both public and private agencies recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement.

Through collaborative public-private efforts, there will be created a more accountable, results-driven, high quality, integrated system of contracted services that achieves results consistent with federal and state mandates and the Child & Family Service Review outcomes and performance indicators. The Committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the Committee will propose, implement, evaluate, and revise new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare agencies have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The children and families jointly served deserve no less than the best collaborative effort. The Committee meets on a regular basis with the goal being monthly.

The vision of the CWPC is the combined experience and perspective of public and private agencies provide the best opportunity to reach our mutual goals: child safety, permanency, and well-being for Iowa's children and families. Collaboration and shared accountability will keep the focus on child welfare outcomes.

The CWPC unites individuals from Iowa IDHS and private agencies to create better outcomes for Iowa's children and families. One of the best ways to communicate success is tell a story. In November 2009, the CWPC began their own blog entitled "Journey of Partnership" at <http://iowajourneyofpartnership.blogspot.com/>. Individuals from both Iowa IDHS and provider agencies who are living and breathing the partnership share their stories about our success. These individuals share experiences of shared accountability, a commitment to collaboration, and how it translates into better results for Iowa's children and families. Since the beginning of the Journey of Partnership, there have been several topics of success stories which include family interaction; safe case closure; partnership in permanency including consistency, communication, and developing a trusting relationship; and family team meetings including addressing barriers, engaging families, etc.

In June 2010, a Child Welfare Partnership Summit was held that included four breakout sessions. The topics of the sessions included (1) CFSR Outcomes, (2) Conflict Resolution, (3) Safe Case Closure, and (4) Partnership Trickle-down. Each of the groups identified things that were working well, things that were not working well, and suggestions on moving forward. The work that needs to be done regarding moving forward will be done locally in the respective service areas.

Child Welfare Advisory Committee (CWAC)

The Iowa General Assembly created the CWAC in 2007. The CWAC began meeting in the spring of 2008. They meet approximately every other month or more frequently if necessary. They formed four subcommittees: Diversity, Permanency, Education and Foster Care, and Provider Capacity. The Education and Foster Care subcommittee has joined forces with the Children's Justice subcommittee on the same issue and with IDHS and Department of Education to develop a shared agenda through the Education Collaborative. *(Please refer to Education and foster care below for more information on the Education Collaborative.)*

In 2010, the Iowa General Assembly passed legislation to decrease the number of councils and advisory committees in the state as a cost savings measure. IDHS and external stakeholders requested that CWAC continue its important work. Subsequently, CWAC is now a committee underneath the Human Services Council. Iowa's Child Welfare Stakeholder Panel was disbanded due to the legislation. CWAC will take over the panel's role collaborating with IDHS in development of the Annual Progress

Services Report (APSR) and CFSR Program Improvement Plan. Many of the committee's members participated in the activities included in this APSR.

Collaborative Initiatives

Joint Substance Abuse Protocol: Please refer to Section A, Program Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1), page 9.

Education and children in foster care: The Collaborative has representatives from DE, IDHS, courts, youth and families and has leadership from a foremost national expert from the Legal Center for Foster Care and Education, Kathleen McNaught. The group meets every 3-6 months, but informally works together regularly to share practice guidance, collaboratively solve problems, and address policy issues as they arise. The Collaborative is viewed as one of the best examples of the Iowa IDHS and DE working together. A result of increased collaboration between child welfare and educators is as follows:

- A variety of Empowerment projects and school readiness projects across Iowa assist in preparing children for educational success. These projects represent collaboration among various stakeholders within local communities.
- DOE representatives serve on several state panels, commissions, and committees, including the Judicial Branch's Children's Justice State Council.
- The DOE collaborates with its partners in education and non-educational agencies using interagency agreements. For example, the AEA directors of special education meet with IDHS foster care staff to plan joint strategies to improve school success for foster care children.
- IDHS and the Iowa Department of Education have hired a staff member to help develop the capacity of IDHS contractors to provide service coordination to children eligible for IDEA Part C. This two-year project is intended to help expand the number of children who receive early intervention services.
- In 2010, the Iowa General Assembly passed a bill ensuring that children over the age of 14 are allowed to attend family team meetings, school staffings, transition and other meetings involving discussions of placement options or services to be provided to the youth. Staff were trained to advise and include youth in all meetings that affect their lives, unless attendance would harm the child.
- IDHS is one of ten state agencies that participates in the Iowa Collaboration for Youth Development (ICYD). The ICYD became "official" in Iowa Code in 2009. The ICYD applies positive youth development at state and local levels, increases quality of services, and works to coordinate youth policy and programs across the state. ICYD is addressing graduation rates via state agency efforts and community engagement activities. The ICYD has set a goal to raise the Iowa graduation rates to 95% by 2020. The table below shows the 4-year graduation rates and the 9-12th dropout rates for the last 4 school years. While we are uncertain why the graduation rates have declined, some speculate the declining economy is a factor.

School Year	4 Yr Graduation Rates	9-12 Grade Drop Out Rates
2009-2010	88.8%	3.41%
2008-2009	87.3%	3.15%
2007-2008	88.7%	2.85%
2006-2007	90.5%	2.30%

Source: Iowa Department of Education, Education statistics at http://educateiowa.gov/index.php?option=com_docman&task=cat_view&gid=516&Itemid=55



- Since 2010, IDHS Form 470-4894 is used to notify a school that a child is in foster care and is transferring schools, triggering a five-day requirement for the district to transfer records. This form notifies the receiving school to enroll the child immediately. The form was developed by the Education Collaborative and is intended to improve education outcomes for children in foster care and improve the working relationships between local caseworkers and educators. At this time, the IDHS nor the DOE have found a way to measure effectiveness, but are currently exploring options.
- The Department of Education and the Department of Human Services defined, with guidance from the Education Collaborative, Awaiting Foster Care, for purposes of McKinney Vento. In effect, this provides educators and child welfare staff a common understanding that McKinney Vento supports can help children in shelter and those in foster care expected only to stay two weeks to one month. The guidance went out to all districts in August 2010.
- Juvenile Court Judge Egly has organized a group of IDHS staff, providers, and youth to develop and demonstrate a practice model referred to as the “Passport”. “Passport” is a packet of information about certain core domains (education, health, etc.) that the court would use to help judges keep track of a child’s needs and ensure they are being addressed. This is being piloted in Polk County currently.
- In late 2010, Iowa’s Foster Care Youth Council submitted a “white paper activities” to Senator Grassley and Senator Harkin to inform the Education and Special Education Act (ESEA) re-authorization.

2011 CFSR PIP: Please refer to Section A, Program Service Description, The Stephanie Tubbs Jones Child Welfare Services Program, (title IV-B, subpart 1).

Medical needs of children in foster care: IDHS, Iowa Medicaid Enterprise (IME), and Child Health Specialty Clinics (CHSC) are collaborating on meeting the Fostering Connections Act requirements related to health care of foster care children. The child welfare system has access to Medicaid claims data (IMERS), such as the last well child visit, immunizations, dental provider contact information, and other health provider contact information, which will assist in IDHS ensuring continuity of services for children in the child welfare system, especially foster care children. IME received a federal grant to offer Iowa health care providers incentives for having electronic medical records. The child welfare system will collaborate with IME regarding the feasibility of getting information from electronic medical records, which will assist in obtaining the initial health care information on children coming into the child welfare system who have not been on Medicaid.

Training: IDHS, providers, Children’s Justice and Iowa Foster and Adoptive Parent Association (IFAPA) are collaborating to develop and deliver training for IDHS staff, providers, foster parents, judges, and attorneys. IDHS contracted with the Coalition for Families and Children’s Services in Iowa to establish and maintain a Child Welfare Provider Training Academy. *(Please refer to Section C, Program Support, for more information on the Child Welfare Provider Training Academy.)*

Foster parent needs: A key collaboration effort in Iowa that provides support and works to address the needs of foster parents include IFAPA, Iowa KidsNet, and IDHS. Two initiatives of this collaborative effort have included:

- Addressing statewide foster parent concerns or issues by developing possible solutions to them when they meet at least quarterly during the year
- IFAPA offers training for foster parents on a variety of topics and has developed a variety of resources specific to foster parenting issues that are available on their

website, <http://www.ifapa.org/>. The IDHS has collaborated with IFAPA to offer trauma training for foster parents to help them understand the behaviors of a traumatized child and how to work with traumatized children.

IDHS and Children's Justice Initiative:

The most significant collaboration that occurred during 2010, and continues, was the Children's Justice Initiative's collaboration in Iowa's CFSR and PIP process. Children's Justice Initiative staff served on workgroups that developed Iowa's Statewide Assessment, served as reviewers during the onsite review, and served on workgroups that developed the PIP. *(Please refer to Section A, Program Service Description, (title IV-B, subpart 1) for information.)*

IDHS and Children's Justice over the last fiscal year continued to collaborate on Decision Point Analysis (DPA). The goal of the DPA collaboration is to merge IDHS and Court assessments so that a true picture of child welfare practice is attained through an efficient process. The DPA collaboration developed a joint decision point analysis tool. This tool focuses reviewers on a specific point in the life of the case to determine how Court and IDHS involvement influenced outcomes. This integrated review process engages child welfare partners and stakeholders as reviewers and provides a holistic system review and report.

IDHS staff is active in the State Council, as well as in the local Children's Justice committees. IDHS work on the Children's Justice State Council is focused primarily on four topics – education, children in foster care, the role of the county attorney as IDHS attorney, and the relationship of the county attorney and IDHS in light of recent Supreme Court decision that the county attorney is to represent IDHS.

County Attorney collaboration: IDHS works with the Juvenile Section of the County Attorneys Association to improve communication and address a range of issues of mutual concern. An outcome of this collaboration has been increased communication between IDHS and the County Attorneys Association to the point that IDHS no longer regularly meets with the County Attorneys Association, unless a need arises.

Disproportionality: *Please refer to Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC) under Promoting Safe and Stable Families (PSSF) for detail regarding collaborative activities to address disproportionality.*

Child Welfare Services – Service Business Team: IDHS established a Service Business Team (SBT) to guide collaboration and partnership between IDHS central office and service areas in achieving identified child welfare goals for the next five years. SBT members include a Service Area Manager and the Bureau Chief, Service Support and Training (field), the Bureau Chief of Child Welfare and Community Services (policy), the Bureau Chief of Child Welfare Information System (IT), and the Bureau Chief of Quality Improvement (Quality Assurance).

2011 CFSR PIP: SBT will review and approve prior to implementation the work completed in Iowa's PIP to ensure that the work is completed within resource capabilities. Specifically, workgroups will submit monthly progress reports to the SBT. Reports will detail activities already undertaken related to the PIP benchmarks, activities which will be undertaken, timeframes to complete activities, when evidence of completion of benchmark(s) will be completed, and any deviation from PIP quarter due for the benchmark(s) will be noted and explained. Additionally, if a benchmark is completed, the report will include the evidence of completion as outlined in the PIP.

At a minimum, the SBT will have monthly communication with the CFSR Coordinator to ensure SBT has up-to-date information on PIP progress, to discuss any issues, and to provide SBT team members an opportunity to provide feedback. The SBT will either approve or disprove any applicable PIP activity and provide the information to the CFSR Coordinator and the workgroup. The SBT will include representatives from Iowa Children's Justice and Juvenile Court Services in monthly meetings when the PIP is discussed.

The CFSR Coordinator will utilize the monthly progress reports and actions taken by the SBT to prepare Iowa's quarterly PIP reporting to the Children's Bureau Regional Office.

Additional collaborations: IDHS continues to collaborate with other groups not mentioned above in order to keep children safe and strengthen vulnerable families. IDHS also listens to the voices of these groups for input on child welfare policy and practice. Collaborative partners include:

- Substance abuse treatment providers
- Schools and teachers
- Domestic violence agencies
- Communities
- Mental health providers
- Medical community
- Foster care review boards
- Court appointed special advocates (CASA)
- Parents attorneys and guardians-ad-litem
- Youth (Iowa Foster Care Youth Council)
- Parents (Parent Partners, Moms Off Meth, etc.)
- Foster parents (Iowa Foster and Adoptive Parent Association)
- Juvenile Court Services
- Native American tribes
- Decategorization and Community Partnership for Protecting Children projects
- Law enforcement

Collaboration with Other State Agencies:

IDHS collaborates with the following state agencies (not mentioned above):

- Department of Human Rights, Division of Children's Juvenile Justice Program
- Department of Management, Community Empowerment regarding the Iowa Community Empowerment program
- Department of Inspections and Appeals regarding compliance with licensing requirements

SECTION C: PROGRAM SUPPORT

Training activities in support of the CFSP goals and objectives, including training funded through titles IV-B and IV-E.

Iowa Department of Human Services Training

This section includes staff development and training plan in support of the goals and objectives that addresses the title IV-B and IV-E programs covered by the plan. IDHS Training is an on-going activity

and includes content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices. Training supports cross-system coordination and consultation.

IV-B and IV-E Training

The “Basic Ordering Agreement” between Iowa Department of Human Services (IDHS) and Iowa State University was developed to provide access to professional services to IDHS and for Iowa State University to act as the lead institution in a consortium of public and private organizations located in Iowa. The agreement was established in 1988 and a contract and revised list of task orders are finalized annually.

The consortium provides initial in-service training for newly appointed child welfare staff and continuing training opportunities focusing on the goals and objectives of Title IV-E of the Social Security Act.

In addition to the University and consortium training provided for IDHS staff and partners, the Department will continue to provide additional training opportunities through contract trainers and IDHS staff. These trainings will, as those in the past year, focus on the development of skills and behaviors that will support the achievement of permanency. The IDHS staff curriculum development and trainings for IDHS staff and partners may be in conjunction with the consortium and other contractors.

Through the educational resources of the consortium, contractors, and IDHS staff, educational programs, courses, conferences, workshops, and seminars are offered which enhance and develop the employee’s competencies and increase the effectiveness of IV-E services.

The department uses federal matching funds for training for foster care and adoption assistance under title IV-E at the rate of 75% times the penetration rate, for training personnel employed by the department and for current or prospective foster or adoptive parents and the members of the state licensed or approved child care institutions providing care to foster and adopted children receiving title IV-E assistance. The childcare institutions are those licensed by the state to care for foster children receiving title IV-E assistance. The training funds are used for curriculum development and training delivery. Travel and per diem expenses are reimbursed for department employees and for licensed foster parents and approved adoptive parents. In accordance with PL 110-351, training for other child welfare partners will use 70% times the penetration rate. When contracted service providers and other child welfare partners attend training designed to enhance IVE objectives the department may reimburse travel and per diem expenses.

Over 500 field staff has Title IV-E-related duties in foster care, adoption assistance, and transition living. Curriculum addressing the needed competencies for employees is developed and included in the Core Course Catalog. Course evaluations are reviewed and used in revising and upgrading course content. Future courses focus on furthering the social work case management concepts, skill building, outcomes, and competency levels. The Iowa Department of Human Services contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State Foster Care Review Board that reviews foster care cases. Foster Care Review Board staff and citizen volunteers serving on local foster care review boards receive training through participation in IDHS core courses and specialized training programs administered by the Foster Care Review Board. The department recognizes the importance of contracted service providers participating in training that addresses major changes in policy and procedure. To that end, training is provided to these service providers via joint and provider training.

Provider of Training

Title IV-E training is provided to IDHS employees and its partners by contracting through a “Basic Ordering Agreement” with Iowa State University and its consortium, by contract trainers and by IDHS

staff. The consortium consists of the state's public higher educational institutions under the leadership of Iowa State University. Other contractors may provide training for IDHS staff and partners. IDHS staff may provide training independently or in conjunction with the consortium or other contractors.

Duration Category and Administrative Functions the Training Addresses

The consortium, contractors or IDHS staff provides initial in-service part-time training for newly appointed child welfare staff and continuing part-time training opportunities for on-going staff and partners. The training focuses on the Title IV-E administrative functions of referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, recruitment and licensing of foster homes.

Training is also provided to community partnership sites at 75% times the penetration rate for personnel employed by the department. CPPC training addresses engaging families through assessment and facilitation of family team meetings in which the case plan is developed. Community Partnership includes Parent Partners represents a philosophy and practice strategy for child welfare services which directly relates to practice and the development of the case plan. Training includes the practice skills of engaging families in the case planning process. There is a focus on informal supports for families as well as collaborative work with service providers as a case management strategy. Travel and per diem expenses are reimbursed for department employees. Training for other child welfare partners will use the penetration rate and 70% federal funds.

Setting/Venue for the Training Activity

Through the educational resources of the consortium, other contract providers and IDHS staff, educational programs, courses, conferences, workshops, seminars, online courses, webinars that are computer and phone delivered are offered which enhance and develop IDHS employee competencies and increase the effectiveness and delivery of IV-E services.

The online courses that are housed on the Iowa IDHS Social Worker Learning Management System website are developed using IVE funds (75%). The online curriculum development is funded at the 75% training match rate. The online courses are part of the initial training. Online learning is self-learning with supervision that is not funded with any training funds. Online course work prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The online learning and the face-to-face training are blended providing foundation learning.

Audience to Receive Training

Over 500 field staff have Title IV-E related duties in foster care, adoption assistance and transition living for whom this training is conducted. Curriculum addressing the needed competencies for employees is developed and included in the training offerings. The training opportunities are available to relative guardians, private child welfare agency staff providing services to children receiving title IV-E assistance, Early Access providers, child abuse and neglect court personnel; agency, child or parent attorneys, guardians ad litem; and, court appointed special advocates and staff with child caring agencies providing foster care and adoption services to promote the expansion of knowledge and skills. Early Access Training is jointly offered for IDHS and Early Access providers. Community Partnership training including Parent Partners provides courses for community members and IDHS staff. The department recognizes the importance of contracted service providers and other child welfare partners participating in training that addresses major changes in policy, procedure and practice.

Overview of Training

The training is designed to give employees a basic understanding of the major components and goals related to their role of a social worker. The training utilizes a blended approach with foundational knowledge provided via online courses and experience on the job with classroom training used to enhance job responsibilities. Ongoing training is utilized to enhance best practice initiatives.

Evaluation

Course evaluations are done for all courses and are reviewed and used in revising and upgrading course content. Future courses development uses this information to further family team concepts, skill building, and competency areas.

Description of Cost Allocation Methodology

Iowa does not use the automated cost allocation system to allocate costs to benefiting programs. Rather than allocate all training costs among all benefiting programs, Iowa determines, on a course-by-course basis, what federal programs benefit from the training. Expenditures for each course are distributed into one of the following categories:

- Any course (or portion of a course), which is not allowable for IVE match, is allocated to state only.
- Any course which benefits only foster care and/or adoption is charged using the IVE penetration rates and the training match rate.
- Any course (or portion of a course), which benefits all child welfare programs, is allocated to IVE and non-IVE based on client eligibility statistics.

For training which benefits only foster care or adoption assistance, the penetration rate is applied to the cost and then 75% of that amount is claimed under Title IVE. The penetration rates used are: % of adoption assistance cases that are IVE eligible, % of family foster care cases that are IVE eligible, % of all foster care cases that are IVE eligible, and the % of all foster care and adoption assistance cases that are IVE eligible. The actual penetration rate used is based on the content of the training.

For training, which benefits all federal programs used to fund child welfare services, the IVE penetration rate is calculated using client eligibility statistics from the Foster Care Key Performance Indicator (KPI) 302 report and the Adoption Financial Summary Report. The penetration rate is based on the number of cases that are IVE eligible compared to all cases. The penetration rate is applied to total expenditures to first to determine the portion eligible for IVE. The IVE eligible amount is claimed at the applicable training match rate.

Professional Development

The Department will offer continuing professional development for social work graduate college work as funding is available. If funding is identified, the Department may re-establish a BSW Traineeship practicum program for placements in Departmental professional settings for senior undergraduate students preparing for employment with Iowa Department of Human Services; and for a MSW Traineeship program to provide educational opportunities for current staff who wish to enhance their knowledge base and continue to provide Title IV-E related duties.

FFY 2010

Number of course offerings: 91

Number of people trained: 3,526

FFY 2011 (October 2010 – May 2011)

Number of course offerings: 75

Number of people trained 1,842

- Enhanced blended learning by incorporating resources and online learning curriculum in one location on the Iowa social worker learning management system.
- Enhanced shared learning offerings with IDHS and providers by providing web links to course calendars on both the IDHS and provider training websites.
- Conducted supervisory seminars for supervisors (IDHS and provider) via monthly webinars.
- Continued to use online learning and child welfare and dependent adult webinars series to reach more staff and partners.
- Focused on the transfer of learning for continued development of staff with increased information and guidance to staff supervisors with an individualized welcome call to staff and supervisors reviewing the required training and sending individual feedback to staff and supervisors after face-to-face class.
- Continued the use of the Tough Problems, Tough Choices in new worker training to guide workers in assessing and decision making.
- IDHS is represented on the Juvenile Justice Court Training Committee that coordinated a statewide multidisciplinary training on Permanency.

GOALS for FFY 2012:

- Training was found to be in substantial conformity in the 2nd round of the CFSR, though there will be several strategies in the Program Improvement Plan which will be supported with training initiatives.
- Enhance course offerings for ongoing training with the use of webinars and other delivery means.
- Continue to enhance the development of curriculum on the Social Worker Training Learning Management System.
- Group and add additional learning resources on the Social Worker Learning Management System.
- Conduct a Learning Needs Survey to inform staff and supervisors at the individual level and the aggregate information will inform at the state level of statewide learning needs.
- Continue to collaborate with other partners to provide and offer continuing learning opportunities.

FFY 2012 IDHS Child Welfare Course Training Plan

Course Offerings, including New Courses, and Benefiting Programs

FY 12 Training

- ◆ SW 2 – assess, develop case plan, prepare reports and participate in judicial, refer to services and manage and supervise case,
- ◆ SW 3 – assess, determine referral and refer to services
- ◆ Supervisors – IDHS supervisors for SW 2s and SW 3s
- ◆ Others – partners in case management – providers, judicial & community as part of Community Partnership initiative

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
I/O	All staff	HS 001 Confidentiality Is Key	Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information.	Update	IV-E All Child Welfare and State Funds	ongoing	0.3 day
I/O	All staff	HS 003 Confidentiality Part 2: Privacy & Security	Explains the regulations and procedures related to HIPAA (Health Insurance Portability and Accountability Act) at DHS. Covers policies, regulations and disclosure procedures.	Update	State Funds Only	ongoing	0.3 day
I	SW 2, 3 & Supervi sors	CP 200 Basic CP Training	Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services.	Major	60% All Child Welfare & 40% State Only	4	5 days
I/O	All Staff	DS 168 Dependent Adult Abuse Mandatory Reporter Training	Provides an understanding of the mandatory reporter responsibilities for dependent adult abuse reporter per Iowa Code.	Update	State Funds Only	ongoing	ongoing

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
I/O	All Staff	DS 169 Mandatory Child Abuse Reporting	Understand the role and responsibilities of a mandatory reporter; identify the specific criteria of child; recognize indicators of abuse; learn reporting procedures; and understand the assessment/evaluation processes	Update	IV-E All Child Welfare & State Funds	ongoing	0.3 day
I	SW 2 & 3	SP 100 Overview of Child Welfare	Provides foundational training on the management of cases in child welfare.	Update	IV-E All Child Welfare and State Funds	web	0.3 day
I	SW 2 & 3	SP 103 Legal Fundamentals	Becomes familiar with the legal process as it relates to basic court proceedings and DHS services.	Update	IV-E All Child Welfare and State Funds	web	0.3 day
I	SW 2 & 3	SP 104 Medical Fundamentals	Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development.	Update	IV-E All Child Welfare and State Funds	web	0.3 day
I	SW 2 & 3	SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development.	Update	IV-E All Child Welfare and State Funds	web	0.3
I	SW 2 & 3	SP 106 Domestic Violence	Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development.	Update	IV-E All Child Welfare and State Funds	web	0.3 y
I	SW 2 & 3	SP 107 Child Development	Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development.	Update	IV-E All Child Welfare and State Funds	web	.3
I	SW 3 & Supervi sors	OJT Basic Training (Guidebook)	Provide tools and resources to assist in the assessment and engagement process developing case plans, safety plans, preparing for Juvenile Court and referral to services.	Major	IV-E All Child Welfare and State Funds	ongoing	ongoing

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
I	SW 2, 3 & Supervi sors	SP 150 Child Welfare Practice in Iowa	Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan.	Major	IV-E All Child Welfare and State Funds	4	3
I	SW 2, 3 & Supervi sors	SP 300 Application of Legal & Medical Issues	Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development.	Major	IV-E All Child Welfare and State Funds	1	3
I	SW 2, 3 & Supervi sors	SP 301 Impact of Domestic Violence & Substance Abuse	Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process.	Major	IV-E All Child Welfare and State Funds	2	2
O	SW 2, 3 & Supervi sors	SP 302 Advanced Medical Issues	Understand a medical diagnostic approach to child abuse/neglect and behavioral and physical indicators of abuse and neglect in order to provide appropriate referrals to services and family case plans.	Update	IV-E All Child Welfare and State Funds	1	1
I	SW 2, 3 & Supervi sors	SP 533 Shared Parenting- Family Interaction to Assure Safety, Well- being & Permanence	Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management.	Major	IVE Foster Care & Subsidized Adoption & State Funds	4	1
I	SW 2, 3 & Supervi sors	SP 534 Family Team Meeting Facilitation	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services.	Major	IV-E All Child Welfare and State Funds	3	3
I	SW 2, 3 & Supervi sors	SP 535 Assessing throughout the Case	Will review decision-making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child.	Update	IV-E All Child Welfare and State Funds	26	2

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
I/O	SW 2, 3 & Supervi sors	SP 536 Frequently Seen Families	Provide an understanding of characteristics and patterns of chronic neglect cases and develop case plan strategies for intervention to prevent re-entry and reabuse in child welfare cases.	Update	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervi sors	SP 539 Facilitating FTDM with Domestic Violence	When domestic violence is involved, utilize family team facilitation skills to develop the case plan and make appropriate referrals to services	Update	IV-E All Child Welfare and State Funds	1	1
I	SW 2 & Supervi sors	SW 020 Foundations for Social Worker 2 Practice	Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, ongoing case management and case closure. Provide information on how to refer for services, place a child, and prepare for judicial determinations.	Major	IV-E All Child Welfare and State Funds	4	4
I	SW 2 & Supervi sors	SW 071 Legal Aspects of Social Work	Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provide service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination.	Update	IV-E All Child Welfare and State Funds	3	2
I	SW 2 & Supervi sors	SW 072 Testifying in Juvenile Court	Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de-identified, case.	Update	IV-E All Child Welfare and State Funds	3	1
I	SW 2 & Supervi sors	SW 073 Permanency and Termination of Parental Rights	Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family	Update	IVE Foster Care & Subsidized Adoption & State Funds	2	1
O	SW 2	SW 102 FACS for Adoption	Trains on making entries into FACS relating to adoption cases for case management and referral to services.	Update	Subsidized Adoption & State Funds	on request	1
O	SW 2, 3, Supervi sors & Admin	SW 321 Legislative Update	Informs on appellate court decisions that impact child welfare case law and legislative changes that have affected Iowa code Chapters 232, 235A and 600.	Major	IV-E All Child Welfare and State Funds	1	0.3

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
O	SW 2, 3, Supervisors & Others	SW 341 Working with Native American (ICWA)	Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	Major	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervisors	SW 342 Psychological Testing: From Referral to Intervention	Familiarize staff with the types of psychological tests and their uses. Explain how evaluations can be used to more effectively manage a child welfare case.	Update	IV-E All Child Welfare and State Funds	1	1
I/O	SW 2, 3 & Supervisors	SW 344 Topics in Dependent Adult Abuse	A series of course topics to provide additional tools to improve the practice in serving dependent adults.	New	State Only Funds	10	0.3
O	SW 2 & Supervisors	Adoption Training	Provides information to improve understanding of the adoption program and philosophy; build statewide consistency on adoption practice.	New	IV-E Subsidized Adoption and State Funds	1	1
O	All Staff	SW 500 Social Work Ethics	Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with <i>NASW Code of Ethics</i> .	Update	IV-E All Child Welfare and State Funds	1	0.5
O	All Staff	SW 504 Ethics for the Child Welfare Professional	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family.	Update	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervisors	SW 505 Changing Faces of Iowa: Culturally Competent Practice with Families & Communities	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family.	Update	IV-E All Child Welfare and State Funds	1	1

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
O	SW 2, 3 & Supervi sors	SW 603 Sexual Abuse	Provide participants with an understanding of physical and behavioral indicators of child sexual abuse for referrals to services and case management.	Update	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervi sors	SW 605 Advanced Cultural Competence	This course is designed to increase the participants' ability to effectively engage and intervene with families and youth of diverse cultures in the child welfare system.	Update	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervi sors	SP 548 Safety Planning & Domestic Violence	Provide participants with an understanding of safety planning when domestic violence is involved and provide suggestions on recommended services and techniques needed for case planning and management.	Major	IV-E All Child Welfare and State Funds	2	1
O	SW 2, 3 & Supervi sors	SP 304 Advanced Legal Course	To provide opportunities for staff to build on their basic legal foundation and expand their knowledge base relative to the laws.	Update	IV-E All Child Welfare and State Funds	1	1
I/O	SW 2, 3 & Com munity	Community Partnerships for Protecting Children	Develop skills of communities and partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being	Update	IV-E All Child Welfare, and State Funds	ongoing	ongoing
I	SW 3 & Supervi sors	CPTA Law Manual Update	Synopsis of pertinent legal references supporting course materials in SP 300 Application of Legal & Medical Issues	Major	IV-E All Child Welfare, and State Funds	ongoing	ongoing
I/O	SW 2, 3, Supervi sors & Others	DHS Provider Training	Provide an understanding of DHS practice changes to ensure safe and stable families.	New	IV-E All Child Welfare and State Funds	ongoing	1
I/O	SW 2, 3 & Com munity	Family Interaction/FTDM Teleconferences	Improve skills of family team meeting facilitators in developing the family case plans to include family interactions which enhance positive outcomes for children.	Update	IV-E All Child Welfare, and State Funds	monthly	0.3

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
I/O	SW 2, 3 & Com munity	Parent Partner Teleconference	Develop skills of Parent Partners to strengthen families with whom they are working so family's children achieve safety, permanency and well-being.	Update	IV-E All Child Welfare, and State Funds	bi-monthly	0.3
I	SW 2, 3 & new Supervi sors	New Social Worker Guidebook	Gives an overview of major topics related to their role of social work case manager from assessment through developing the case plan and referral to services and case management. Journaling and shadowing activities and case practice skills are begun.	Major	IV-E All Child Welfare and State Funds	ongoing	ongoing
I/O	SW 2, 3 & Supervi sors	Practice Initiatives via PIP	Provide information to further enhance practice statewide to achieve positive outcomes for children and families	New	IV-E All Child Welfare and State Funds	ongoing	ongoing
I/O	SW 2, 3 & Supervi sors	Child Welfare Resources Teleconferences/Webi nar	Multiple offerings on a variety topics pertinent to child welfare practice	New	IV-E All Child Welfare and State Funds	ongoing,	ongoing
O	SW Supervi sors	Supervisor Seminars Teleconferences/Webi nar	Multiple offerings on a variety topics pertinent to child welfare practice from the supervisory perspective.	New	IV-E All Child Welfare and State Funds	ongoing,	ongoing
O	SW 2, 3 & Supervi sors	SP 541 Child Interviewing	Provide an in-depth review of the standards of a quality interview of a child and provide participants with the opportunity to practice and receive feedback	Major	60% All Child Welfare & 40% State Only	4	1
O	SW 2, 3 & Supervi sors	SP 545 Attachment & Child Development	Presents a current, understandable perspective on parent/child attachment and child development, the effects of maltreatment, neglect and disruption on children's mental health and development. Attention is given to the practical skills of establishing working relationships with families, working collaboratively and referring appropriately.	Major	IV-E All Child Welfare and State Funds	4	1

I/initial O/on- going	Aud.	Course # and Title	Brief Course Syllabus	Revision Required	Funding Sources & Benefiting Program	FY 12 # of Times Offered	# of Days
O	S SW 2, 3 & Supervi sors	SP 546 Working with Families Affected by Substance Abuse Disorder	Gains a broader understanding between the connection of parental substance abuse disorder and how this impacts safety, risk and child well-being; while gaining knowledge regarding substance abuse disorders and treatment and how this impacts case planning.	Major	IV-E All Child Welfare and State Funds	3	1
O	S SW 2, 3 & Supervi sors	SP 305 Effect of Mental Disorder on Parenting Capacity	Teaches participants how to evaluate the risks to the child when the parent, parents, or caregivers are diagnosed with one or more of the most commonly occurring mental health disorders, and to identify ways that these risks can be ameliorated.	Major	IV-E All Child Welfare and State Funds	4	1
O	SW Supervi sors	SP 842 Motivational Interviewing for Supervisors	Prepares supervisory staff for understanding change, learning spirit of motivational interviewing, learning the principles of motivational interviewing, and identifying how staff might apply what they learn to their work.	Update	IV-E All Child Welfare and State Funds	1	1
O	SW 2, 3 & Supervi sors	SPS 542 Motivational Interviewing	Prepares participants for understanding change, learning the spirit of and principles of motivational interviewing, and identifying how staff might apply what they learn to case management.	Update	IV-E All Child Welfare and State Funds	4	1

Child Welfare Provider Training

The Child Welfare Provider Training Academy (Training Academy) is a partnership between the Iowa Department of Human Services (IDHS) and the Coalition for Family and Children's Services in Iowa to develop and deliver trainings and related services to child welfare frontline staff and supervisors throughout the state in order to improve outcomes for children. The Training Academy works to provide accessible, relevant, skill-based training throughout the state of Iowa using a strength based and family centered approach. The Training Academy continues to design an infrastructure to support agencies in their efforts to train and retain child welfare workers and positively impact job performance and results in the best interest of children.

The Training Academy coordinates training curriculum development and oversight in cooperation with the Child Welfare Provider Training Academy Committee, the Child Welfare Partners Committee, and the IDHS Training Committee.

During SFY 2010, the Training Academy delivered a total of 48 live trainings across all eight (8) service areas in the following topic areas: engaging youth and families, attachment issues, basic understanding of client and family mental health diagnoses, ethical responsibilities and understanding boundaries for child welfare providers, case consultation, working with children with emotional and behavior problems, preparation for independent living, working effectively with substance abuse affected families, bringing fathers into the circle of family centered practice, and supervising difficult times and difficult staff. Along with the live trainings, access was provided to on-line training. Trainings are categorized for levels of child welfare practice as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker. Overall, 90% reported on their evaluation form that their needs were met and training was useful to their job.

A Training Plan as well as a Curriculum Development Plan for SFY 2011 was developed and provided to the Department on September 1, 2010. The training is compatible with the child welfare outcomes of the IDHS Model of Practice and with the Child and Family Services Review. These outcomes include safety for children, permanency, academic preparation and skill development, and well-being.

The Training Academy continues to research the capability to present trainings through webinars/teleconferences across the state of Iowa as well as live trainings and blend in Essential Learning online courses.

The Training Academy partnered with Essential Learning to provide a range of individual online training courses to 500 child welfare providers and supervisors across the state of Iowa. There are two extensive libraries, which can be accessed: a Social Services course library and a Child and Adolescent curriculum. These courses are available on a 24/7 basis which allows an easy way to keep up with the latest developments in the field and earn continuing education credits from national accrediting bodies such as the Child Welfare League of America (CWLA).

The Training Academy launched the Child Welfare Provider Training Academy website in March 2009. All details of upcoming training for child welfare frontline staff and supervisors are available at <http://iatrainingsource.org/>. The website is updated periodically to include any new offering of trainings and allows for online registration, which provides immediate confirmation of registration. There are currently links to training courses useful to child welfare providers accessible through the Training Academy website.

SFY 2011 Child Welfare Provider Training Academy Curriculum Development Plan

1. Provide training curriculum compatible with the child welfare outcomes of the Iowa Department of Human Services model of practice.

Outcomes match the Better Results for Kids Redesign and the seven outcomes from the federal Child and Family Services Review (CFSR). These outcomes include safety for children, permanency, academic preparation and skill development, and well-being.

2. Provide accessible, relevant, skill-based training throughout the state of Iowa using a strength-based, family-centered approach.

The trainings support agencies contracted with the Iowa Department of Human Services in their efforts to train child welfare workers, and positively impact job performance and results in the best interest of children. The trainings will include multiple child welfare provider skill levels from basic/new worker, through intermediate/more experienced. Supervisory level courses offered through IDHS will be promoted to provider agencies as opportunities to participate and collaborate.

3. Provide trainings that meet the identified needs of frontline staff and supervisors.

Coordinate training curriculum development and oversight in cooperation with the Joint Training Committee, Child Welfare Provider Training Academy Committee, and the Public/Private Partnership Committee. Deliver live training courses and webinars as set forth in the survey of training needs completed by IDHS supervisors, Provider supervisors and past participants of courses in July 2010. Attendees receive credit for training through attendance certificates and/or Continuing Education Units (CEUs) for completed courses.

4. Expand web-based training courses as provided through Essential Learning as a course delivery method.

Communicate with provider agencies to create understanding and benefits to utilize Essential Learning online training courses. With over 400 topics to choose from, providers can offer FREE training to many of their workers to enhance their work performance. These courses are available 24/7 and can be completed at the individual's time and pace. Several series of courses will be established for providers to provide as an option for staff. In addition, online trainings, live trainings and webinars will be combined to offer a continuum of learning on a specific topic or related topics. These options allow a workforce to keep up with the latest developments in the field and earn accredited Continuing Education Units (CEUs). This option is for those who may have difficulty attending "live" trainings.

5. Provide ongoing training from the SFY 2010 base curriculum for child welfare provider staff.

Make revisions and additions, using attendee evaluations from the 2010 Training Academy base curriculum, to continue offering successful and relevant training courses. Periodic surveys will be conducted to gain additional input for continual improvement. Revisions to course content and training curriculum, assigned trainer and the trainer's instructional methods, will be made based on the evaluation results. Update and enhance course additions in order to extend SFY 2010 trainings to the next level in SFY 2011.

6. Provide a Training Plan for SFY 2011 by September 1, 2010.

The training plan is to process training and professional development training that includes course names, deliver dates for the training components, brief course descriptions, method(s) of presentation, predicted audience, and trainers names (where possible). Any additional information will be incorporated in the monthly report provided to the Iowa Department of Human Services as specified by contract.

FY 2011 Child Welfare Provider Training Academy Plan (9/1/10)

- **FL—Front-line child welfare providers**
- **FLS—Front-line child welfare supervisors**
- **LP—Live Presentation**
- **WC—Web Course**
- **B—Basic/New Worker**
- **I—Intermediate/More Experienced Worker**
- **A—Advanced/Supervisory Level Worker**

Course # And Title	Brief Course Syllabus	Audience	Style	Times Offered	# of Days
CW 1001 Engaging Youth Sue Tew	Focuses on strength based approach to engage youth and become active participants in their treatment plans. Learn tools and techniques to implement a change process through the use of collaborative practices and a strengths perspective.	FL & FLS: B & I	LP	5 All 5 Service Areas	5
CW 1002 Attachment Issues Bruce Buchanan	Increases awareness of the common causes of attachment problems, symptoms and behaviors associated with problematic attachment, and <u>basic</u> assessment skills. Provides an understanding in order to better refer to services, support permanency planning, and work toward the goals in the client's case plan.	FL & FLS: B & I	LP	5 – All 5 Service Areas	5
CW 1003 Basic Understanding of Client and Family Mental Health Diagnoses- Bruce Buchanan	Increases awareness of diagnoses made by mental health professionals concerning child welfare provider's clients and/or their caregivers. Presents a basic overview to aid child welfare providers to better understand child and family interaction, common behaviors and feelings, and areas for skill building.	FL & FLS: B & I	LP	5 – All 5 Service Areas	5
CW 1004 Ethical Responsibilities and Understanding Boundaries for Child Welfare Providers- Bruce Buchanan	Increases awareness and raises understanding and knowledge about the risks children, families and providers face due to professional power and client vulnerability. Provides an understanding of our ethical duties, power, and confidentiality, and develops steps to ethical thinking and problem solving. Explains boundaries and how issues arise due to the providers "basis of power" and the client's vulnerability. Discusses "red flags" and "danger zones."	FL & FLS: B & I	LP	5 – All 5 Service Areas	5

CW 1005 De-Escalation Skills Training Bruce Buchanan	<p>This class will discuss the physiological process of the brain relative to anger. We will focus in on skills of active listening, non-violent communication and verbal de-escalation. Discussion will also focus in on issues such as personal space, body posture and emotion. Understanding levels of crisis development and the conflict cycle will also be emphasized.</p>	FL & FLS: B & I	LP	5 – All 5 service areas	5
CW 1005 Autism Spectrum Disorder Monica Ryan-Rousch	<p>Introduces the pervasive developmental disorders referred to as autism spectrum disorders. The course covers signs, symptoms research into causes, treatments, and tools of working with youth with this diagnosis.</p>	FL & FLS: B & I	LP	3 service areas	3
CW 1006 Personal Maintenance Bonnie Mikelson	<p>With burn-out being one of the greatest challenges that our front line workers experience, this course will explore how to find that all important balance. Topics will include stress management, coping with highly emotional and difficult situations, maintaining professional detachment, and problem-solving techniques.</p>	FL & FLS: B & I	LP	1 service area and Des Moines	2
CW 1007 Don't Talk... Don't Trust... Don't Feel: Growing up with an Addicted Parent Brian Lowery	<p>Examine the dynamics of growing up with an addicted parent, including the family drama and its emotional effects on children. Referencing the powerful documentary: An Alternative to Slitting Your Wrist, this workshop examines issues of co-occurring depression and a pathway to triumphant recovery.</p>	FL & FLS: B & I	LP	2 Service Area s	2
CW 1008 Essential Elements of Traumatic Stress and the Impact on Children's Lives Brian Lowery	<p>Explore Traumatic Stress including basic introduction and essential elements. Discuss the impact of trauma on children's behavior, development and relationships through assessment of a child's trauma experiences.</p>	FL & FLS: B & I	LP	3 Service Area- DSM	2
CW 1009 Everything is Connected: A Wide-Angle Look at Disruptive Behaviors – Frank Grijalva	<p>Children who are struggling bring their frustration, grief and anger and throw it in our face in the form of behavior – their first or only language. If we “react” to them it may begin a cycle of destruction that polarizes families, classrooms and community. Looks at communication skills and tools that are necessary to work with children and families in order to promote and support the case plan.</p>	FL & FLS: B & I & A	LP	2 service areas	2
WC 001 The Amazing Human Brain and Human Development	<p>This training offers an overview of the human brain's structure and function. This overview is helpful in understanding the impact of trauma, abuse and neglect on the brain's development. Increases awareness of physical, cognitive, social and emotional development of clients from conception through adolescence.</p>	FL & FLS	WC	Unlimited Access	Daily
WC 002	<p>Learn how traumatic events can affect children differently both physically and</p>	FL &	WC	Unlimited	Daily



Surviving Childhood: An Introduction to the Impact of Trauma	psychologically. The training also offers general advice on how caregivers and others who work with traumatized children can more effectively support and guide them. Know when referral for services is necessary.	FLS		Access	
WC 003 The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families	This training discusses how a child's own traumatic experience can negatively impact caregivers and those who work with traumatized, abused, and neglected children. This training also offers strategies for learning how to protect yourself from traumatic stress. The training includes four brief lessons with assignments and a quiz. There is also a message board available to participate in discussion groups about the various lessons.	FL & FLS	WC	Unlimited Access	Daily
WC 004 Child Development 101	This workshop reviews child development from 18 months to 18 years, providing benchmarks for normal physical, cognitive, linguistic, social, emotional, and sexual functioning at every stage. This information is discussed in terms of its impact on assessment and interviewing techniques used with abused children.	FL & FLS	WC	Unlimited Access	Daily
WC 005 Bonding and Attachment in Maltreated Children	This training explores the ways in which childhood abuse and neglect impacts the ability to form healthy relationships. It also offers insight into the attachment issues their clients face due to the abuse and neglect. Looks at ways to strengthen the family unit and work toward permanency for clients.	FL & FLS	WC	Unlimited Access	Daily
WC 006 Child Sexual Abuse: A Judicial Perspective	Judge Charles B. Schudson discusses the history of children in America's courts and the potential for making courts safe for children and others. Exploring the law of competency and hearsay, he addresses whether children may testify, and whether professionals may testify about what children told them. He also considers puppets, support persons, video depositions, closed-circuit TV, and other techniques that can help children participate in court proceedings. Finally, Judge Schudson addresses the special challenges to professionals as they attempt to cope with the impact of their work on their own friends and families.	FL & FLS	WC	Unlimited Access	Daily
WC 007 Collaboration, Consistency & Cultural Competency	This workshop is organized into three thematic topics: Collaboration, Consistency, and Cultural Competency. All of these build on effective ways for assisting child victims and families, starting with law enforcement, the gateway to the criminal justice system. Important perspectives related to the natures of crimes against children and meaningful/appropriate responses will be discussed to include strategies for effectively and ethically providing help.	FL & FLS	WC	Unlimited Access	Daily
WC 008 Developmental Perspectives on	This course discusses sexual behavior in children ages 2-12 and helps the student understand that a number of child sexual behaviors can be normal. In addition,	FL & FLS	WC	Unlimited Access	Daily



Child Sexual Behavior in Children and Adolescents	the course presents information about sexual behavior that may be related to sexual abuse, or to other variables in the child's life. These include family sexuality, life stress, such as physical abuse and domestic violence, and other behavior problems the child may have. Sexual behavior in children is also diverse and can include sexual interest and knowledge as well as self-stimulating behavior, personal boundary problems, and sexually intrusive behavior with children and adult caregivers. Finally, the course presents information on why children might develop sexual behavior problems along with guidelines for treatment of these children.				
WC 009 The Emotional Effects of Domestic Violence on Children	Domestic violence creates a dangerous and traumatic environment for children as they attempt to grow and develop in their chaotic homes. This presentation explores the effects on both children and the family. Included in this presentation are attachment issues, the impact of trauma, and how mental, emotional, and intellectual development can be affected.	FL & FLS	WC	Unlimited Access	Daily
WC 010 Working with the Non-Offending Caregiver	This presentation is designed to gain a greater awareness of the experiences and needs of non-offending caregivers whose children have made allegations of sexual abuse in order to assist in preserving the family unit.	FL & FLS	WC	Unlimited Access	Daily
WC 011 Effects of Abuse & Neglect – A Focus on Typical Development	This on-line course from the Wisconsin Child Welfare Training System focuses on developmental issues and how they may contribute to child maltreatment. Understanding what milestones should be accomplished within specific developmental stages and the tasks within a developmental stage that may cause stress will greatly contribute to understanding a child and family's situation. Better assessment leads to better case plans and ultimately, improved outcomes. This training contains three sections that (1) provide an overview and printable list of developmental stages, (2) review and test of knowledge of developmental milestones, (3) provide a selection of printable and online references.	FL & FLS	WC	Unlimited Access	Daily
WC 012 When It Is In the Family: How to Handle Sibling Sex Abuse	This workshop will look at what we know about sibling abuse and discuss decisions that need to be made in regard to the offender, victim, and family. There will be a focus on how to address issues such as what should be done with the sibling who has abused; are our decisions different if it is a child versus an adolescent; how do we implement a plan that is in the victim's best interest; and how should we approach families that are resistant to help.	FL & FLS	WC	Unlimited Access	Daily
WC 013 The Intersection of Domestic Violence and Child Victimization	This on-line tutorial contains a basic curriculum on the link between DV and Child Abuse, and on the effects of DV on children. The tutorial consists of 4 Units which discuss general information on DV and Child Abuse; short and long term consequences of exposure to DV; community response to DV; and the Professional's response to DV, including examples of questions for a victim and	FL & FLS	WC	Unlimited Access	Daily

	information on Safety Planning. The tutorial includes a pre and post-test, quizzes following each section, and a video titled ‘The Children Are Watching’.				
WC 014 Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Workers	Child welfare workers are on the front line, making decisions about the best course of action for families in their caseloads. Without a solid understanding of alcohol and drug addiction, and how to identify families involved in the child welfare system as a result of parental addiction, child welfare workers will not be able to address a significant portion of the needs of the families in their caseloads. This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness.	FL & FLS	WC	Unlimited Access	Daily
WC 015 The Medical & Developmental Effects of Domestic Violence on Children	This presentation reviews what is known about the involvement of children with domestic violence, as direct and indirect victims. Using research from the fields of sociology, psychology, neurobiology and development pediatrics, Dr. Stirling explains the effects of chaotic and violent environments on the developing brain, and suggest reasons why the cycle of violence is so hard for some victims to break. Concepts of resilience will be considered. This presentation discusses some of the many impediments to dealing with the child victims of domestic violence in the real world from the perspective of an experienced pediatrician.	FL & FLS	WC	Unlimited Access	Daily

State Technical Assistance

Technical assistance is provided to IDHS front line staff and supervisors to help with the day-to-day management of their child welfare caseload and to keep them informed of the CFSR outcome measures. The CWIS help desk, The SPIRS Help Desk and The Service Help Desk are available to assist staff with questions regarding policy, practice and data systems usage. Policy and technical staff are available to assist the help desk staff in answering questions of a more complex nature. The Bureau of Quality Assurance and Improvement conducts case reviews and provides feedback to staff and supervisors. In addition, they provide support for custom reports from the administrative data systems (SACWIS) to assist staff in managing their workflow and caseloads. The Bureau of Quality Assurance and Improvement also facilitates program and process improvement sessions to assist staff in identifying problems and developing specific solutions, which may be implemented and monitored. The Division of Field Operations reports monthly on a key set of performance measures that track the CFSR outcome measures as well as caseworker visits and a set of state specific outcomes. In addition, IDHS has undertaken specialized projects in cooperation with outside entities designed to highlight and encourage practice improvement such as the permanency roundtables sponsored by Casey Family Programs. IDHS holds a bimonthly meeting with policy staff and front line supervisors to advise, inform and gather feedback regarding policy changes and their impacts on practice in Iowa.

Iowa is also working to continuously update and improve the training programs available to state staff and provider staff in the state.

As the Iowa Results Oriented Management (ROM) project matures, we will be using this as a platform to improve on and expand the use of data in our day-to-day management. This will provide staff with the ability to develop customized views of reports that may be localized to their areas of interest. Along with the roll out of ROM, we will be providing training and assistance to supervisors to help enhance their ability to utilize data in their daily tasks. In FFY 2012, Iowa will continue these activities as well as look for other opportunities to assist our front line staff in accomplishing the goals of safety, permanency and well-being for children and families of Iowa.

Management Information System: Statewide Automated Child Welfare Information System (SACWIS)

Since implementation, Iowa has undergone three federal SACWIS compliance reviews: an initial review in August 1997 and follow-up reviews in August 29 – 30, 2000 and May 17 – 18, 2004. Iowa is in the final stages of federal review for SACWIS acceptance. In February 2008, Iowa's SACWIS was placed on hiatus while plans were being developed to either create a new SACWIS system or make changes necessary to bring the current system into compliance. It was determined to make changes necessary to bring the current system into compliance and an APD is being created outlining steps needed to complete those tasks. Iowa will meet informally with Children's Bureau staff to discuss Iowa's SACWIS during the week of September 19, 2011. Iowa anticipates revising the APD due to this latest federal visit.

Iowa's SACWIS consists of two main components, Family and Children's Services (FACS) and Statewide Tracking and Reporting (STAR). FACS is the child welfare case management and payment system for the Department. It applies to children in foster care and collects demographic data, caseworker information, household composition, services provided, current status, status history, and permanency goals, among other information. It tracks the services provided to approximately 12,000 children at any specific point in time and automates issuance of over \$220 million annually to foster and adoptive parents and other child welfare providers. FACS also serves as the data source for

information used by field budget staff. STAR is responsible for tracking the intake, assessment and findings for over 24,000 child abuse assessments annually. The STAR system collects information regarding abuse reports, report decisions, reporter, alleged perpetrator, caseworker, dates of parental notification, appeal data, final disposition of assessment, and completion time frames for individuals receiving child protective services.

These two mainframe systems share a common platform (CV) with separate menus for specific child welfare and child protective screens. The system design supports the capability to share common records as well as a single database record shared by both systems.

Iowa's SACWIS:

- Is available at all IDHS locations to every IDHS staff person needing access Monday through Friday from 5:30 A.M. to 7:30 P.M. System maintenance and batch processing activities are done overnight and on weekends. The system is available during the batch processing cycle. It is unavailable to staff about 2.5 hours within a 24-hour period, which occurs during the middle of the night. It is available to staff on weekends.
- Contains a highly discreet security protocol which controls view and update access down to specific individual screens for each worker
- Supports inclusion of information about juveniles case managed by Juvenile Court Officer (JCO) under the Judicial Branch (In general, IDHS workers enter information as Juvenile Court System does not have direct access.)
- Is used for tracking in routine case management activities by line staff
- Is used by managers to monitor caseloads and budget
- Provides standardized performance reports at the state and service area level for monitoring of the federal child welfare outcomes and state identified performance measures
- Provides standardized and ad-hoc reporting for key foster care and adoption data

Changes in Iowa's SACWIS:

- Stakeholders also reported that Iowa's SACWIS is interlaced with the quality assurance system.
- National Youth in Transition Database
- Automation of Notice of Decisions to Reporters of Child Abuse
- Automated transition of Family, Safety, Risk and Permanency cases from one contract period to another for Case Managers.

Results Oriented Management (ROM): Iowa kicked off the Results Oriented Management (ROM) project in March 2011 with the development of a project charter defining the goals of the project in more detail. The initial scope of the project was defined, as presented below.

Iowa ROM Project Scope:

This project will implement the Results Oriented Management (ROM) reporting system. The ROM system consists of a core set of reports that are based on the CFSR outcome measures and a set of management reports that include case counts, level of care, length of stay, a countdown to permanency, caseworker visits and other similar types of reports. The data from the SACWIS system is used to populate the ROM system. Users will be able to apply custom filtering to track and measure the performance of management units within the agency (e.g. Service Areas, Counties, Supervisors), individual workers, contractors who are providing services purchased by the agency and others whom

IDHS collaborates with in meeting the needs of children and families. Data will be in a near real time environment that will provide both a historical perspective and up-to-date views of performance. This will enable line staff and supervisors to drill down to their respective caseloads to see where they stand on the various measures and see the impact of the services and plans at both an aggregate and individual level. For example, reports such as the countdown to permanency can be used to highlight those children who are lingering longer in the foster care system making it easier to identify candidates for programs like the permanency round tables.

The system will provide access for both IDHS staff and service providers' staff who IDHS contracts with for the provision of child welfare services, including but not limited to Safety and FSRP service providers, Group care providers, Aftercare providers, and Foster and adoptive home recruitment and retention providers.

The system will provide a number of core reports, which can be modified by a system administrator globally or by a user for their specific reports.

The system also will provide custom reports and will incorporate additional data fields that can be used to further customize, sort and filter views of both the core reports and the custom reports.

The ROM project has been divided into two phases. The first phase will be to populate the basic data tables with Iowa data and release that system to staff and stakeholders. The second phase will focus on customization and enhancement of the ROM system to improve our ability to use the system in Iowa. In conjunction with the roll out of the program, IDHS will provide training and technical assistance to our front line supervisors to help them in developing a more data driven approach to managing the achievement of positive outcomes for the children and families served.

As of the end of May 2011, work has focused on the technical aspects of developing data extracts to populate the ROM system with Iowa data so that Iowa program staff can develop a better understanding of the capabilities of the system and identify any desired enhancements to the system. Iowa anticipates having our data in a test environment in July 2011. As our understanding of the system and its capabilities improves, we will continue to update the project plan.

2011 CFSR PIP: Iowa anticipates implementing the ROM system in FFY 2012, as part of its PIP.

Training and Technical Assistance

Multi-state Foster Care Data Archive

Iowa is a member of the Multi-state Foster Care Data Archive administered by Chapin Hall at the University of Illinois Center for Children. The work involves receiving administrative data from several states, coding it into a common format of longitudinal client based records. Researchers with the project examine multiple aspects of foster care populations in eleven states including Iowa.

Findings and recommendation address research on several topics including; state child welfare caseload, the number of children in foster care at a specific point in time, the number of children and reasons for entering foster care in a period, and the number of children and reasons for exits, and examine re-entry profiles. Data on these and other subjects are analyzed to better inform Iowa (and other participating states) of important factors related to foster care processes, child profiles, lengths of

spells in foster care, and re-entry into care. The point of the research is to better understand important issues related to foster care practice and policy and understand opportunities for making improvements.

Iowa Based Research

IDHS also participates in research projects initiated through our work with the state universities to enhance programs and practices in the State.

IDHS has partnered with the University of Nebraska for the University of Nebraska-Lincoln, Center on Children, Families and the Law, Midwest Child Welfare Implementation Center to provide intensive, coordinated and individualized technical assistance for the purpose of implementing the Parent Partner approach (Project) in the State of Iowa. The research component of this project includes an evaluation of the Parent Partner Program implementation in Iowa.

IDHA has partnered with the Casey Family Programs to develop efforts to begin reducing disproportionality and disparate outcomes for children and families of color. A Breakthrough Series Collaborative (BSC) structure was formed to support this work with the primary goals of bringing together agency staff, court partners, community partners, and birth parent and youth representatives for the purpose of achieving safety, permanency and maximum developmental outcomes for all children served irrespective of race, ethnicity, tribal status, class, location or family structure. Under the BSC structure eight (8) pilot sites were established to begin to address disproportionality within their respective area. Each pilot site has engaged the family network as partners, engaged with community partners and tribes, and engaged across systems in order to address specific racial bias at multiple levels within their geographical area. *For more information, please refer to PSSF Planning, Minority Youth and Family Initiative (MYFI) and Breakthrough Series Collaborative (BSC).*

Technical Assistance

As part of Iowa’s 2011 CFSR Program Improvement Plan (PIP), Iowa requested the following National Resource Center and Quality Improvement Center training/technical assistance (T/TA) in implementing our PIP. The following anticipated T/TA represents a change from Iowa’s CFSP.

IDENTIFIED ISSUE	POSSIBLE NRC PROVIDING T/TA	POSSIBLE T/TA
Inclusion of non-custodial parents	QIC for Non-Resident Fathers	Iowa would like to look at what other states have done to include non-custodial parents in the areas of engagement and service provider capacity building. QIC Non-Resident Fathers has several resources to address Iowa’s TA needs, such as curriculum for caseworker training.
Supervision	National Resource Center for In-Home Services	Iowa will be developing a Supervisory Model of Practice. The University of Iowa, who is also the NRC for In-Home Services, assisted Iowa previously by developing a supervisory cohort training. The NRC for In-Home Services will assist Iowa in
Quality Assurance System	National Resource Center for Organizational Improvement	Iowa would like training on the CFSR Onsite Review Instrument, which Iowa will use to case read specific items for the PIP. In addition, the CFSR questioned whether we had a QA system that could evaluate

		implemented program improvement efforts.
--	--	--

SECTION D: COORDINATION WITH TRIBES

The IDHS continues to broaden efforts to consult with tribes on child welfare issues in order to increase case compliance and ingrain tribal/state consultation and coordination into the culture of the child welfare system. In order to achieve the highest level of consultation, coordination, and case compliance in accordance with the spirit of the ICWA statutes, the IDHS has engaged in the following activities:

- Provision of ICWA training opportunities for public and private child welfare staff, judges, attorneys, tribal social services workers, and others: Meskwaki Family Services offered training in October 2010 that focused on Native American life and cultural awareness and cultural competency training. Approximately 50 DHS and provider staff attended. The University of Northern Iowa will hold training in June 2011 regarding ICWA.
- IDHS will continue to collaborate with tribal representatives to ensure that state staff have current contact information for tribal ICWA and social services staff from tribes with a common Iowa presence in order to promote tribal/state collaboration in case planning and service delivery.
- IDHS will continue to collaborate with tribal representatives to provide state staff and court officials with current resource listings of tribally recognized expert witnesses for court proceedings involving children subject to ICWA.
- IDHS was invited to a planning meeting May 3, 2011 for the Native American Foster Home Initiative (NAFHI) and Children’s Alliance of Kansas. Children’s Alliance bought the copyright to PS-MAPP. The meeting was held at Briar Cliff University with members from the Siouxland Indian Child Welfare Traineeship Project, IDHS child welfare administrators and supervisors, Nebraska Department of Health and Human Services (DHHS), and private agency partners. The purpose of the meeting was to plan for the June 13-24, 2011 PS-MAPP Certification Training and subsequent development of recommendations for revisions and expansions of the PS-MAPP curriculum. This certification training is provided free for tribal members only in order for them to be able to train PS-MAPP on their reservations and to other tribal members who may not live on the reservations. The training will have the trainees analyze the curriculum regarding cultural competency for working with Native Americans. There were 20 Native Americans that attended this PS-MAPP training. Native Americans have not engaged fully in the PS-MAPP process. Meetings were held with NAFHI in October 2010 and January 2011 to address this issue. Siouxland has few Native American foster parents and a disproportionate number of Native children in foster care so there is a significant need to explore this issue. Children’s Alliance plans to use the information gleaned from this project at the national level.
- Representatives from the five tribes in the Sioux City area, IDHS staff, Iowa KidsNet staff and the Children’s Alliance are meeting in June 2011 to analyze PS-MAPP and make adjustments so training is more engaging to Native families.
- IDHS will continue participation in monthly meetings of the Community Initiative for Native Children and Families Initiative in Sioux City. Input received from this group will be used to guide state efforts to impact compliance with ICWA requirements.
- IDHS will continue to partner with tribal representatives in order to share data on Native American children and families in the state child welfare system and the outcomes achieved by these children and families. Through these efforts, tribal and state representatives will have

objective data on which to base discussions on system strengths, concerns, and areas where remedial efforts need focused.

- State staff continues to be available as needed to work with Meskwaki Tribe on the development of their Title IV-E system. Specifically, staff provided basic information regarding IV-E, data sets, explained use of forms and key elements, etc. IDHS staff requested Meskwaki Family Services (MFS) conduct an internal file review using IV-E and CFSR checklists. IDHS staff will work with MFS staff to resolve identified issues.
- IDHS and the Meskwaki have developed a protocol that spells out an agreement on roles, expectations and procedures regarding Meskwaki children. The protocol applies to child abuse assessment, ongoing case management, and court and tribal court cases. The protocol is in the process of being approved and signed.
- The Memorandum of Agreement between IDHS and the Meskwaki Tribe remains in effect.
- As of 7/28/11, there were 301 Native American children in foster care, or 2% of the total number of children in care.

ICWA training and improving tribal relations: IDHS and tribal representatives are working together to improve practice with Native American children and families in Iowa. The Indian Child Welfare Act Consultation and Training contract with Meskwaki Family Services provides a yearly training on ICWA and cultural awareness. Meskwaki Family Services and IDHS have developed a practice protocol on cases involving Meskwaki children.

IDHS' staff also meets regularly in Sioux City with tribal representatives from several tribes in the area to address improve practice, and to better coordinate community based services. Quarterly meetings are held with representatives from corrections, housing, health, mental health, IDHS and tribal representatives to discuss holistic issues related to the Native community and collaborate on community responses to Native families needs.

The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe)

Over the past year, the Iowa Department of Human Services has consulted with The Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe) to improve compliance under the Indian Child Welfare Act. IDHS continues to meet regularly with tribal representatives to discuss and further improve practice around ICWA. In addition, the Department regularly consults with tribal representatives to refine and evaluate the Memorandum of Agreement with the Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki Tribe). Local protocols between IDHS and the Meskwaki were developed around child protection, ICWA compliance, and case management.

IDHS contracted with Meskwaki Family Services for technical assistance regarding ICWA. The ICWA liaison provides assistance in ICWA compliance. The ICWA liaison has been involved in many activities, committees and workgroups related to ICWA.

The Sac and Fox Tribe established tribal court in 2005. A State/Tribal Agreement was finalized in 2006 outlining Tribal and IDHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. A local protocol between Meskwaki Family Services and the Cedar Rapids Service Area was finalized in June 2011. The protocol further defines the roles and responsibilities of IDHS staff and Meskwaki Family Services staff. IDHS and Meskwaki Family Services will begin collaborating on revisions to the State/Tribal Agreement within the next three months. Currently IDHS is funding in-home and out of home services for 32 children under tribal court jurisdiction.

Western Iowa and Surrounding Area Tribes

The highest concentration of Indian children within the state is in the northwest region of Iowa in Woodbury County and surrounding counties. Some of the Tribes in this area include the Winnebago Tribe of Nebraska, the Yankton Sioux, the Santee Sioux, the Rosebud Sioux, Flaudreau Santee Sioux, the Omaha Tribe of Nebraska, and the Ponca Tribe of Nebraska. While there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal headquarters or offices), non-governmental programs were established to identify and address the challenges affecting Indian families in this area of the state. The Community Initiative for Native Children and Families (CINCF) is a collaborative group comprised of representatives from Tribal communities, the Department of Human Services, the Department of Corrections, the court, the Department of Public Health, the Department of Human Rights, mental health and housing that meets regularly to discuss the concerns of the Native communities, including ICWA. One of the key concerns in the northwest region of Iowa is the over-representation of Native American families in the child welfare system. Woodbury County continues to have a specialized Native American team that provides services to Native American children and families, including 2 liaisons to the Native American community, who are also representatives on the CINCF and to Native families involved in the state's child welfare system. IDHS also partnered with CINCF, which is a coalition that works to identify and address the issues that impact Native children and families and the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa. Data provided by CINCF demonstrated a significant decrease in the percentage of Native children who experience termination of parental rights. In 2003, the Native American population was upwards of seven times more likely to lose parental rights than any other population. In 2010, that percentage decreased to 4.9.

While progress has been made toward reducing the disproportionate number of Native American children in care, there continue to be barriers to overcome. CINCF has brought together many community agencies to address collectively Native American concerns in many areas of daily living and has improved the relationship between IDHS and tribal communities. A long history of mistrust and misconceptions is difficult to overcome and continues to be apparent in the IDHS and tribal relationship. The applicability and implementation of the Iowa ICWA law, and Supreme Court decisions, which have reshaped the Iowa ICWA law have also been subjects of contention. IDHS will continue to improve efforts to follow ICWA and relationships with CINCF and other tribal representatives.

Iowa Foster Care Youth Council has increased outreach effort for Indian youth participation in Iowa Foster Care Youth Council support groups or via the Iowa Foster Care Youth Council website; participation of Indian youth on committees related to child welfare or issues involving youth.

ICWA training and an open forum for Native community members facilitated by the Department of Human Rights was held in August 2010 in Sioux City. Issues regarding child welfare and ICWA, housing, unemployment, disproportionate representation of Native people in the correctional system, and mental health and substance abuse treatment were raised during the forum. This information will be used to assess community needs and develop plans to address those needs. Community members expressed a strong interest in pursuing legislation that would allow parents who have had termination of their parental rights for three years, whose child is older and has not been adopted, to petition the court to reinstate their parental rights. The law change is modeled on a law change in Illinois. Parents would be sought and, if appropriate, would be re-engaged with their children. CINCF is taking the lead in promoting this change of law and practice.

IDHS staff attends monthly meetings in Sioux City with tribal representatives in the Sioux land area. As stated above consistent compliance with all the requirements of ICWA is a continuous improvement activity by IDHS.

Components in ICWA that States must address in consultation with Tribes and in the CFSP:

IDHS continues to work on consistently implementing the provisions of ICWA. The Memorandum of Agreement with the Sac and Fox Tribe serves as the foundation of practice and compliance with ICWA. The Meskwaki Tribe and IDHS have developed a protocol to clarify roles and procedures regarding how both parties will work together to implement ICWA for Meskwaki children.

Having designated ICWA staff in the Sioux City area has improved ICWA practice. Regular meetings and consultation with Tribal representatives identify areas needing improvement, and foster a collaborative spirit to make those improvements.

Notification of Indian parents and Tribes when Indian children are involved in State proceedings to inform Tribes of their right to intervene continues to be addressed and improved. IDHS staff works continuously on following placement preferences for Indian children in foster care, pre-adoptive and adoptive homes. Active efforts were clarified in the Iowa ICWA to designate specific activities required to meet active efforts. These include requesting Tribal supports and services; identifying tribally designated representatives; identifying family support services by extended family; frequent visitation in the child's home; exhausting all tribally appropriate family preservation alternatives; and indentifying community resources. Staff continues to receive training and work with Tribes to meet active efforts. The department continues to work with the courts and attorneys to reinforce Tribal rights to intervene and transfer jurisdiction to Tribal court.

In response to an Iowa Supreme Court ruling, which ruled the definition of an "Indian Child" in the Iowa ICWA law unconstitutional, Meskwaki Tribal Council passed a resolution on August 4, 2010 which defines membership for children for the purpose of ICWA.

IDHS continues to have ongoing discussions with tribal representatives regarding **ICWA compliance**. The protocol developed with the Meskwaki tribe was in part to ensure IDHS staff was meeting the requirements of ICWA. Woodbury County has dedicated staff ,who handles ICWA cases to help ensure compliance with the law. IDHS is made aware of cases where tribes have concerns about compliance with ICWA. Compliance has also been determined through periodic case reviews. IDHS plans to continue to monitor ICWA compliance through collaboration with tribes, case reviews, and ongoing training for all IDHS staff. IDHS and the ICWA liaison are exploring conducting a statewide, randomized sample case reading to review ICWA compliance on an annual basis.

IDHS will continue to collaborate with Meskwaki Family Services through the Technical Assistance and Training Contract to develop training on ICWA requirements but also include training on Native American culture. Meskwaki Family Services is also working on an ICWA desk aid for IDHS staff, attorneys or any other stakeholders involved with Native American families.

As part of the CFSR held in August 2010, a focus group of tribal representatives was held at Meskwaki Family Services to discuss ICWA compliance, placement of Native children, and other Native issues. No issues arose from that discussion that needed to be addressed in the CFSR PIP.

Sharing of the CFSP and the APSR Reports

IDHS will provide access to the APSR report to any interested persons by posting these reports on the IDHS website. IDHS will provide a copy of the APSR directly to Meskwaki Family Services and to members of CINCF who may further disseminate the document in their respective tribal communities.

Information regarding consultations with Indian Tribes relating to eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Act can be found within the Chafee Report in this document.

SECTION E: HEALTH CARE OVERSIGHT AND COORDINATION PLAN

How Iowa actively consults with and involves physicians and other medical/non-medical professionals

To identify and address any gaps within the current Iowa Department of Human Services (IDHS), a work group was formed entitled the Foster Child Health Care Coordination Task Force. The IDHS administers the Medicaid program. The task force members include staff from the Iowa Medicaid Enterprise (IME), other IDHS foster care staff, Iowa Department of Public Health (IDPH) staff including their Pediatric consultant and Visiting Nurse program staff. This work group has been working collaboratively in crafting any needed changes for the health care oversight and coordination plan.

The task force charter was developed in relation to the requirements of the P.L. 110-351. The task force reviewed IDHS current policy (model of care) and best practices that impact the health care received by children in foster care and developed recommendations for improving the monitoring and coordination of the health care services, including mental and dental health needs, in order to meet the needs of foster children. As part of the strategy to identify and respond to the health care needs, this task force has identified the resources available from IME and the IDPH that can be coordinated to better serve the foster child's health care needs as well as some of the current gaps for obtaining health care services.

Current Schedule for Initial and Follow-up Health Screenings

The Department is effective in meeting the standards of medical practice provisions that are in the current rules and policy manual that address the initial and follow-up health screenings for the health care needs of children in foster care. If a child coming into care has not had a physical health screening prior to placement, the initial physical health screening must be scheduled within 14 calendar days of the child coming into care. Medical professionals determine the need for any follow-up appointments. After the initial physical, children in foster care have physicals on an annual basis.

How Health Needs Identified Will Be Monitored and Treated

The physical health and medical needs of children are identified in assessments and case permanency planning activities with the needs addressed through services. The health care needs are identified in the initial physical health screening of the child when they come into care. The IDHS caseworker completes an assessment of the child needs, which is documented in the child's case permanency plan that is shared with the child's parents, foster care provider, the child's attorney and the court. The foster care provider is responsible to obtaining an annual physical of the child, monitoring their health needs and completing any follow-up as directed by the health care provider.

As of April 2010, IDHS has had access to the Iowa Department of Public Health's Immunization Registry Information System (IRIS) data system, which is their record of child immunizations completed by Iowa health care providers. In February of 2011, many IDHS caseworker staff was approved by their supervisor to access the Medicaid data system (IMERS) that gives them the prescription medicines, diagnosis, and health care providers of the child. This will assist them in obtaining the health care information more expediently when a child initially comes into foster care system and throughout the life of the case, including consulting with health care providers, and in monitoring the health care of the child. For the counties in which foster parents reside, the IDHS caseworker can use the IMERS system to identify the health care providers who accept Medicaid, especially in the rural county areas, and can monitor the psychotropic drugs prescribed. The caseworker would know the medications prescribed for the foster child and would compare that with the medication information the child's parent gave to them. The caseworker could talk with the prescribing physician (or other medical professional) and therapist about the psychotropic medication prescribed, the reason it was prescribed, if there are any alternatives instead of medicine to address the child's needs, how long they anticipate it being used, etc.

The American Academy of Pediatrics (AAP) recommended that IDHS replace its current physical exam form with the AAP Foster Care Health Exam, which includes a summary sheet and a full report. The task force reviewed the health exam form with the IDHS' Physical Record form in consideration of the recommendation and decided to keep the same IDHS Physical Record form.

Dental

Dental screens are conducted initially at the time of placement and follow-up screenings are completed every 6 months.

How Medical Information Will Be Updated and Shared

Besides obtaining updated information from the IMERS data system, the child's parents and from the school where the child is enrolled at the time of placement, the Iowa Medicaid Enterprise (IME) received a federal grant to offer incentives to Iowa Health Care Providers to have electronic medical records. IDHS will collaborate with IME regarding the feasibility of getting information from electronic medical records. This is especially important health information when a child initially enters the child welfare system when they have not been a part of the Medicaid health care system.

Steps To Ensure Continuity of Health Care Services

IDHS continues to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care. The Iowa Foster and Adoptive Parent Association (IFAPA) sends a weekly electronic newsletter to foster, adoptive and kin parents, which IDHS utilizes for educating foster parents.

Oversight of Prescription Medicines

IDHS caseworkers access the IMERS data system that shows the prescription medicines and the medical prescriber to monitor the health care services and medications of foster children. In addition, our Medicaid contractor, Magellan Health Services, shared their analysis of all member claims for the cost and utilization of behavioral health drugs for the period of 1/1/10 to 8/31/10. It included the five behavioral drug classes of antipsychotics, antidepressants, ADHD drugs, barbiturates/anticonvulsants, and anti-anxiety drugs. The member pool of claims was filtered by population. The overall age population pool had a mean of 30.3 and the foster care population filter showed a mean of 13.1. The filtered foster care population of gender was 41.1% females and 58.9% males. Of these children, 5.6

had prescriptions for antipsychotic, 5.2 for antidepressants, 4.4 for ADHD, 1.7 for seizures, and .3 for anti-anxiety. IDHS will obtain this information biannually. Magellan reviews all outlier cases. IDHS will continue to collaborate with Magellan on identifying significant trends that would indicate psychotropic medications are overprescribed.

Patient Protection and Affordable Care Act, Public Law 111-148.

Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), was effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday and meet certain income guidelines. Activities have included on-going training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Iowa has a streamlined procedure for youth automatically continuing on Medicaid via MIYA once their foster care case is closed; continued eligibility for MIYA is dependent upon annual review and it is at this point that we were having large numbers of youth dropping off coverage primarily due to not returning their review form. It has since been stressed to IDHS staff to educate youth on the review procedure prior to discharge from care; additionally aftercare workers have been educated on the procedure to assist those youth on their caseload with the review process as have foster families. Aftercare staff is continuing to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This has greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage, but it is still an issue for those youth who have aged out and are not participating in the aftercare program. Another issue that we have found is that youth are not particularly concerned about the prospect of letting their Medicaid coverage lapse; this is a population that utilizes little preventative medical care and is more apt to go to the emergency room when in time of crisis. Additionally, more education with youth regarding preventive care and basic medical treatment needs to occur to limit the crisis visits to emergency rooms. Numbers of youth enrolled in MIYA are evaluated monthly as well as processes that have been put into place to increase the number of youth remaining on MIYA. The numbers of youth enrolled in MIYA continue to increase each year.

In SFY 2010, MIYA Medicaid coverage was approved for 425 youth who: were under age 21, were in a state paid foster care placement when they turned age 18, left foster care on or after May 1, 2006, and have countable income under 200% of the Federal poverty level. Approximately 98% of youth referred for MIYA were approved for MIYA or some other health care coverage group. The average monthly enrollment in MIYA in SFY 2010 was 409 youth.

SECTION F: DISASTER PLAN

Introduction to the Department's Child Welfare Disaster Plan

The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (IDHS) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the IDHS' Division of Adult, Children & Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Changes to previous plans

The fundamental operating procedures of previous years remain intact. This plan is updated from previous years to include the following:

- New name of Children's Bureau Region VII contact due to retirement of Children's Bureau personnel.
- New names of Division and Bureau offices due to recent IDHS reorganization (references have been changed throughout as needed);
- New staff persons and/or telephone numbers due to recent IDHS reorganization (listed throughout below where applicable); and,
- New information has been added about the IDHS' incorporation of disaster planning into new foster group care and child welfare emergency services contracts that will begin July 1, 2011.

The IDHS' Child Welfare Disaster Plan

Included in this Section are selected sections from the COOP/COG Plan in addition to supplemental procedures that specifically relate to the disaster plan federal requirements of the following:

- Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records and coordinate services and share information with other States (Section 422(b) (16) of the Act).

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *"It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings."*¹

Updates to the Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the Department and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. Additionally, under competitive service procurement processes for foster group care and child welfare emergency services (an array of temporary services ranging from the least restrictive necessary up through out of home placement) that will conclude by July 1, 2011, with new service contracts, the Division of Adult, Children and Family Services will require all contractors of these services to develop emergency response and staff and volunteer training plans that pertain to situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made

¹ State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (July 1, 2005)

disasters. Current IDHS contracts require contractors to have written policies and procedures for emergency and disaster planning. IDHS contract specialists assigned to child welfare service contracts track and monitor all contract requirements in collaboration with the IDHS program managers.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the IDHS or inhibits the ability of the IDHS to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Adult, Children & Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call Rosalyn Wilson, Region VII's Program Manager in the DHHS Regional Office, at her office (816) 426-3981 ext. 2262 or her cell (816) 863-4943, at the earliest possible opportunity.
- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children's Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

Disaster Communications with Other State and National Organizations

If Iowa is affected by a natural or man-made disaster that affects the clients of the IDHS or inhibits the ability of the IDHS to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Adult, Children & Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call the administrative office of the American Public Human Services Association (APHSA) at 202/682-0100 and the Child Welfare League of America (CWLA) at 703/412-2400.
- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Charles M. Palmer, Director, Iowa Department of Human Services, 515/281-5452
- Sally Titus, Deputy Director for Programs and Services, 515/281-6360
- Thomas Huisman, Chief Information Officer, 515/281-8303
- Laverne Armstrong, Administrator of the Division of Field Operations, 515/281-8746
- Denise Gonzales, Service Area Manager, Centralized Service Area, 515/281-3062
- Matthew Rensch, Bureau Chief, Child Welfare Information System (CWIS), 515/281-5691
- The Division or Bureau Policy Team:

- Wendy Rickman, Administrator of the Division of Adult, Children & Family Services, 515/281-5521
- Julie Allison, Chief of the Bureau of Child Welfare and Community Services, 515/281-6802
- Currently vacant, Chief of the Bureau of Child Care Services, 515/281-6177
- Central Abuse Hotline, 1/800/362-2178

State Procedures Related To Identified Federal Requirements

The actions reported in the following table are from the existing COOP/COG Plan or are supplemental to that plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this Section.

Action	Personnel/ Special Skills	Equipment/ Systems	Vital Records/ Databases	Facilities or infrastructure
Foster Care				
1. Communicate with Foster Care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through Deputy Director for Programs and Services.	Division/ Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/ alternate location conference room
2. Determine potential relocation sites (other institutions or Foster Care homes) to use if needed and offer assistance with placement and transportation logistics if needed.	Division Policy Team Institution/ foster care providers (IDHS Field Office responsibility)	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/ alternate location conference room
3. Contact IT to transfer the Central Abuse Hotline to the alternate location.	Administrator of the Division of Field Operations	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	STAR database	Primary/ alternate location conference room
4. Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk.	Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	STAR database	Primary/ alternate location conference room
5. Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for	Administrator of the Division of Field Operations, IT Manager	Cellular/telephone system, email, internet/intranet	STAR database	Primary/ alternate location conference room



response. Respond to abuse allegations; assign local staff to respond to local site.				
6. Coordinate staffing and assign as necessary to back- up inoperable service areas to respond to foster care providers' needs.	IT Liaison, Chief of the Bureau of Child Welfare and Community Services	Cellular/telephone system, email, internet/intranet, Mainframe	Foster care database	Primary/ alternate location conference room
7. Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure mainframe STAR database and fax are operational); Implement paper back-up payment system if necessary.	Chief of the Bureau of Child Welfare and Community Services	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care and/or STAR databases	Primary/ alternate location conference room
8. Provide staffing to back-up inoperable service areas to respond to foster care providers' needs.	Chief of the Bureau of Child Welfare and Community Services	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/ alternate location conference room
Protection of Children and Adults				
1. Determine status of group homes or institutions in affected area; Assess the affected area and determine the nearest institution that's able to accept persons if needed.	Bureau of Child Welfare and Community Services	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/ alternate location conference room
2. Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site; Provide staffing to receive abuse allegations; Forward reports to the specific area where abuse may have occurred. If no local phone lines: phone assessment will be completed by policy division.	Division of Field Operations	Cellular/telephone system, email, internet/intranet	STAR database	Primary/ alternate location conference room
3. Contact CWIS team to	Division or	Cellular/telephone	Foster care	Primary/



ensure foster care payroll system continues to issue monthly payment checks to care providers; If not available, implement paper issuance system using the most recent database backup.	Bureau Policy team, Chief Information Officer	system, email, internet/intranet, Mainframe	database/ Mainframe, payroll list, STAR database	alternate location conference room
4. Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.	Bureau of Child Welfare and Community Services and Field Operations Offices	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/ alternate location conference room
5. Ensure access to the Central Abuse Registry and MIS systems are available (STAR); Determine need to modify current policies regarding child abuse allegation response times.	Bureau of Child Welfare and Community Services and Division of Field Operations, Chief Information Officer Bureau of Child Welfare and Community Services and Division of Field Operations	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline, Servers, Mainframe	STAR database	Primary/ alternate location conference room
6. Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed.	Bureau of Child Welfare and Community Services and Division of Field Operations	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	STAR database	Primary/ alternate location conference room
7. Assist new placement of children and provide transportation if required.	Division or Bureau Policy Teams/ Division of Field Operations	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/ alternate location conference room

Plans for alternate sites of the Department of Human Services/Division of Adult, Children & Family Services Central Office (current location is the NE corner of the 5th Floor of the Hoover State Office Building on the Iowa State Capitol Complex in Des Moines, Iowa)

Dependent on what areas of the Hoover State Office Building and the IDHS are affected by an event, multiple strategies will be used to ensure the continuity of business operations.² The potential strategies that will be used to continue operations include, but are not limited to, the following:

- The IDHS/Division will transfer work to another of its IDHS' locations that has available facilities within the Des Moines Metro Area, such as the Iowa Medicaid Enterprise office located on Army Post Road and the Child Support Recovery Central Office located on 7th Avenue. Several alternative site locations currently operated by the IDHS have been identified to accommodate critical function continuance and/or recovery depending on the extent of the affected area within the Capitol Complex. Alternate site locations include the eight state institutions located in the cities of Woodward, Glenwood, Independence, Cherokee, Eldora, Toledo, Mt. Pleasant, and Clarinda. The IDHS' offices in counties across Iowa provide the capability to relocate to other locations.
- Internal Arrangement: Space currently used for training and conference rooms within the Hoover State Office Building will be used as available.
- Reciprocal Agreements: Other Department and business unit space in the Des Moines Metro Area or Capitol Complex may be re-designated to accommodate those affected, including the temporary suspension of non-critical functions usually conducted in the areas not affected by the event.
- Due to the nature and scope of work the IDHS performs for Iowans, redundant computer systems have been established. The IDHS operates on a day-to-day basis from the Hoover State Office Building, with back-up operating capability through designated servers located off-site at the State Emergency Operation Center.
- External Suppliers: A number of external companies offer facilities covering a wide range of IDHS recovery needs.
- Community Support Partners: The IDHS has developed partnerships with county and city governments and school systems across Iowa for the use of space in emergency situations.
- In some cases, the IDHS may not need to provide alternative location arrangements because certain business activities would be considered non-essential and ceased until routine business operations are resumed.

2011 Natural Disaster: On June 8, 2011, IDHS' central office, child welfare program staff initiated communications with service providers around the state and particularly in Iowa's affected areas. This contained guidance on possible evacuations and suggestions how to coordinate plans directly with each child's worker locally, as well as reinforcing the steps to keep IDHS central office and the Iowa Department of Inspections and Appeals informed of any anticipated disaster related events so IDHS central office could maintain tracking activities and initiate an information exchange. Communication has remained open between foster care providers and local IDHS offices and with central office. No foster group care programs have been directly affected as of June 23, 2011 although emergency juvenile shelters and other licensed foster care providers have been alerted and have offered their services should they be needed.

² These strategies explain what could occur if the central office of the IDHS was affected by an event. Similar local protocols would be used when the IDHS' local offices, found in county-based sites throughout Iowa and the IDHS' six regional Service Areas, are affected by an event.

On June 10, 2011, the Iowa Homeland Security and Emergency Management Division (HSEMD) officially activated the State Emergency Operations Center due to flooding in western Iowa (Woodbury, Monona, Harrison, Pottawattamie, Mills, and Fremont counties). Iowa National Guard, IDHS, Iowa Department of Public Safety, Iowa Department of Transportation, and the Iowa Department of Natural Resources and other agencies began working with HSEMD daily. Agencies supported requests from local emergency management agencies, which included sand, sandbags, pumps, life vests, etc. Citizens were reminded of the Iowa Concern Hotline at 1-800-447-1985 and 2-1-1 for information and assistance. Due to the flooding, some roads were closed and there were evacuations in some of the affected counties.

IDHS' Mental Health and Disability Services Division (MHDS) deployed the Disaster Behavioral Health Response Team (DBHT) providing education at local town hall meetings on mental health issues related to the disaster events, providing pre-evacuation and safety education, registering people for special needs registry, conducting health and welfare checks, etc.

Iowa KidsNet (IKN) assisted IDHS in implementing the Department's disaster plan. IKN also assisted IDHS with monitoring and providing support to families displaced by the flooding. IKN provides weekly updates to the Family Foster Care Program Manager, the Bureau Chief of Child Welfare and Community Services, and the Division Administrator of Adult, Children & Family Services, regarding foster and adoptive resource families displaced due to the flooding. As of June 23, 2011, two foster care resource families relocated due to the flooding. IKN staff stays in contact with these families, as well as another two resource families who may need to relocate.

The communication plan has worked well thus far. There has been no further need to implement more fully Iowa's child welfare disaster plan.

SECTION G: FOSTER AND ADOPTIVE PARENT RECRUITMENT

Iowa KidsNet (IKN) has continued as the statewide contractor for the recruitment and retention of foster and adoptive families. IDHS and IKN staff work collaboratively to develop service area specific recruitment and retention plans. Each area is provided a target number of beds based on an agreed to formula which is derived from data analysis of the children in care in each area. Areas have the flexibility to allocate the target number between priority recruitment categories to meet the specific needs of that area. Priority recruitment categories are: placements for minority children, placements for teens, placements for special needs children, and placements for sibling groups. General recruitment is also included in the plans. All service areas identified needs for placement of children in all the recruitment categories.

In FFY10, IKN recruited 614 new families. Of these families, 454 (74%) were dually licensed/approved for foster care and adoption, 104 (17%) were adopt only, 43 (7.0%) were foster only, and the remainder were licensed through ICPC. In the first two quarters of FFY11, IKN recruited 265 new families. Of these families, 196 (74%) were dually licensed/approved for foster care and adoption, 58 (22%) were adopt only, and 10 (4.0%) were foster only.

The recruitment of minority families continues to be a challenge. While no service area has met its target for minority recruitment, one service area has shown some success by having a recruiter that specifically focuses on minority recruitment. Of the 477 new beds in the priority recruitment

categories, 113 were in the minority recruitment category. Recruitment targets are based on the demographics of the children in care for each service area.

Each service area has one recruitment specialist. While IKN strives to have diverse staff in all areas of recruitment and retention, relying on having the one recruitment specialist in each service area who is a minority has not been the only strategy used. Other strategies such as family-to-family mentoring, engagement of minority community leaders in recruitment activities, and using culturally sensitive and culturally diverse marketing are among those used by IKN to recruit minority families. Research has shown families are the best recruiters, so IKN has continued the Ambassador Families program comprised of foster/adoptive families who actively promote foster care and adoption and recruit new families. Families, who represent all targeted recruitment categories including minority families, will be added in FFY12 across the state.

Two counties in Iowa currently have Minority Youth and Family Initiatives, Woodbury and Polk. These initiatives are managed locally setting goals to meet local community needs and share their data regarding children in care with IKN. Iowa also is participating in the Breakthrough Series Collaborative (BSC) through Casey Family Programs with eight sites across the state. The focus of the BSC is to reduce the disproportionate number of minority children in foster care, and to reduce the length of stay and improve permanency outcomes for minority children in care. These projects provide information to the service areas that may be taken into consideration in the development of the area recruitment and retention plans for the recruitment of minority families.

Activities for the current fiscal year have centered on family-to-family recruitment, engaging faith communities, participating in cultural events, distribution of educational materials, hosting services and education fairs, displaying the Heart Gallery at community events. Local businesses, athletic teams and other community events have hosted foster families and offered prizes, discounts, and other benefits. Service areas have worked to engage and involve minority families, IDHS and provider staff in recruitment efforts. Service areas are in the process of developing recruitment and retention plans for SFY12. Recruitment teams will review strategies attempted in the past and refine those strategies as well as introduce new strategies.

The contract for the Recruitment and Retention of Resource Families is still in the re-procurement process. The award was made with Four Oaks who is the lead agency for the Iowa KidsNet network. Contract performance measures were modified from the current contract to promote improved practice in having culturally and racially diverse resource families, keeping children in closer proximity to their home, and increasing stability in foster care placements. The Request for Proposal also stressed the importance of recruiting and retaining families who can meet the needs of the children coming into care, who embrace maintaining a child's connections to family and community, and who will actively partner with birth families whenever possible. Recruitment and retention activities will be focused on family-to-family outreach, using experience foster parents to assist with recruiting, mentoring and supporting newer families.

Iowa registers waiting children on the statewide exchange and on the national exchange through AdoptUsKids. The statewide photo listing is administered by Iowa KidsNet. As of May 1, 2011, 23 children were listed on the statewide photo listing, and 11 children were listed on the national exchange through AdoptUsKids. Most of Iowa's children who are legally free are adopted by relatives or their current foster parents. As of June 10, 2011, Iowa has 573 children who are eligible for adoption.

SECTION H: MONTHLY CASEWORKER VISITS

IDHS continues to emphasize visits with children and parents within the context of incremental performance progress. The focus on seeing families and children more often results in knowing the cases better, having the ability to assess needs on an ongoing basis, and having a clearer focus on what services are available and how to use them. In addition, a protocol was established regarding criteria for when it is appropriate to flag (in the CWIS system) adequate efforts to locate and engage absent parents as well as expectations for the ongoing search for and efforts to engage absent parents.

Caseworker visit means a face-to-face contact between the foster child and the caseworker. The caseworker visit focuses on issues pertinent to child safety, case planning, service delivery, and goal attainment. When IDHS has open case, face-to-face visits with the child(ren) should occur at least monthly. The actual frequency of visits should be determined based on the individual needs of the child. When the child’s needs dictate more frequent contact, visits need to be made more frequently than monthly. Preference shall be given to visiting the child in the "child's residence" defined as the home where the child is residing, whether in state or out-of-state, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

Action Steps Toward Practice Improvement (continued from last year):

- Working with staff to coordinate visits and do more efficient planning on visits of children that are a distance from local offices;
- Sharing successful strategies between service areas during supervisory conferences;
- Monthly practice bulletins to guide staff in performance expectations for all items in the CFSR; and
- Monthly review of selected CFSR requirements concurrent with discussion with staff about the practice bulletin topic.

Below is information regarding monthly caseworker visits for FFY 2007 through 2010:

Reporting Requirement	Type of Data	Baseline Data [FFY 2007]	Type of Data	2008 Performance [FFY 2008]	2009 Performance {FFY 2009}	2010 Performance {FFY 2010}
The aggregate number of children served in foster care for at least one month	SACWIS	7043	SACWIS	11,035	10,156	9,948
The number of children visited <i>each and every</i> calendar month that they were in foster care,	SACWIS	2272	SACWIS	4,593	5,407	4,690
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	SACWIS	19,880	SACWIS	37,091	44,788	38,079

The total number of visit months in which at least one child visit occurred in the child's residence ¹	Case Reading Sample of 50 Cases	254	SACWIS	30,664	36,742	29,677
The percentage of children in foster care under the responsibility of the state who were visited on a monthly basis by the caseworker handling the case of the child.	Administrative Data	32%	SACWIS	41.62%	53.23%	47.14%
The percentage of visits that occurred in the residence of the child. ²	Case Reading Sample of 50 cases	65%	SACWIS	82.67%	82.04%	77.94%

¹Although the baseline percentage of visits that occurred in the residence of the child was obtained through case reading data, this is reported from administrative data in all subsequent reports.

² The baseline data provided for FFY2007 for the percentage of visits that occurred within the home was based on a random sample of 50 cases. Of those cases there was a total of 390 visits months in which a child was seen each month that they were in foster care and for 254 of those visit months the child was seen in the home.

Although Iowa is unable to determine with certainty the causal factors behind the decline in performance, Iowa speculates the decline may be due to increasing caseloads because of reductions in staffing.

For FFY 2012, Iowa anticipates utilizing the action steps outlined under 2011 CFSR PIP below to increase incremental performance progress in achieving monthly caseworker visits with children in foster care, with the ultimate goal of achieving 90%.

Iowa has not utilized Monthly Caseworker Visit funds for staff development plans. In FFY 2012, Iowa will re-examine use of the Monthly Caseworker Visit funds in alignment with recommendations coming from the PIP work group, mentioned below.

Changes to Child and Family Service Plan (CFSP):

- Administrative Strategies and Performance Data:
 - Increase staff numbers through funding additional social work staff to decrease caseload size, subject to the availability of funds.
 - Add supervisors to improve supervisor to staff ratios, subject to the availability of funds.
- Practice Improvements:
 - Feedback provided as delineated in 2011 CFSR PIP as outlined below.
- Quality Assurance: Revised as outlined in *Section K, Quality Assurance System*

2010 CFSR: In the 2003 CFSR, 10% of cases reviewed substantially achieved Item 19, which is caseworker visits with children. By contrast, in Iowa's 2010 CFSR, 65% of cases reviewed substantially achieved Item 19. Iowa made a significant improvement between the 2003 and 2010 CFSRs, in regards to caseworker visits with children. **Please note that the CFSR examines**

caseworker visits with children, both in foster care and in home, and considers the pattern of visits versus a mandated monthly visit requirement.

2011 CFSR PIP (to be implemented over the next two years): Iowa believes frequent and quality caseworker visits between the caseworker and the child(ren) important to:

- Ensure the safety of child(ren);
- Develop and maintain the caseworker's relationship with the child(ren);
- Address the reasons why IDHS is involved with the family;
- Ensure that appropriate services are provided to meet the child(ren)'s needs;
- Troubleshoot issues in a timely manner;
- Support the child(ren) in placement;
- Achieve a more timely permanency for child(ren); and
- Support overall positive outcomes for child(ren).

To increase the quality of caseworker visits with children, including caseworkers' assessment of children's safety and risk, the IDHS' Bureau of Service Support and Training and IDHS' Social Work Administrators (SWAs) will gather, review, and evaluate the current best practices, identify key concepts for conducting and documenting quality visits, develop a standard practice of documentation for quality visits with parents and children, and implement the new standard practice document. The IDHS' Bureau of Quality Improvement will monitor the implementation of the new standard practice document reflecting the quality of visits, analyze its findings, and provide the analysis to IDHS central office and field staff for any needed practice changes in order to achieve desired outcomes.

To address barriers, such as high caseloads, in conducting frequent and quality caseworker visits with children, IDHS policy and field staff will create a work group to:

- Review policies, procedures, and guidelines related to casework for streamlining work;
- Assign work to other staff;
- Obtain assistance from computer data systems;
- Determine effective ways to assign cases; and
- Create workload management techniques.

The work group will make recommendations to the IDHS' Service Business Team (SBT), which will decide what recommendations to implement given available resources. The work group, in collaboration with the IDHS' Bureau of Quality Improvement, will evaluate the effectiveness of the implemented recommendations in increasing frequency and quality of caseworker visits and will revise and/or implement new recommendations as necessary to achieve more frequent, high quality caseworker visits with parents and children.

The Bureau of Service Support and Training will support caseworker visits through educating staff on best practices related to quality visits and documentation of visits as well as changes in work processes implemented because of work group recommendations. Iowa's IT will support field staff by implementing any needed system supports, within available resource capacity.

The IDHS will utilize available federal funds to support progress in monthly caseworker visits with children in foster care, as recommended by SBT and IDHS leadership, which may include the above mentioned training, technology, etc.

Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative: The IDHS believes that children benefit from the active positive involvement of both mothers and fathers. To support the inclusion of both parents within the child welfare system, Iowa began the Responsible Fatherhood and Non-Custodial Parent (NCP) initiative. The initiative comprised training to staff on identifying, locating, and engaging fathers and NCPs.

To build upon existing efforts, the Bureau of Service Support and Training and the SWAs, as well as external partners from service providers, Court Appointed Special Advocates (CASAs), Foster Care Review Boards (FCRBs), Juvenile Court, Community Partnership for Protecting Children (CPPC), Parent Partners (PP), etc. will develop standard practices regarding engagement. To support IDHS frontline practice changes, the IDHS policy staff will review policy and revise to involve fathers and NCPs in case planning. Policy staff also will research any existing arrangements with the Department of Corrections and/or begin negotiations and collaboration with the Department of Corrections to address incarcerated parent issues and will work with the IDHS' Child Support Recovery Unit (CSRU) regarding field staff accessing the federal Parent Locator Service. IDHS staff will ensure that staff is trained on the standard practices and the federal Parent Locator Services and the information is integrated into training curricula. Additionally, information will be shared with service providers, CASAs, FCRBs, CPPC, PP, judges, attorneys, Juvenile Court Services, etc. regarding the importance of involving non-custodial parents, standard practices, and IDHS practice changes to be implemented.

The Child Welfare Partners Committee training subcommittee, IDHS' Bureau of Service Support and Training, Children's Justice Training Committee, and IDHS policy staff will research and choose available father engagement curricula for caseworkers, service providers, CASAs, FCRBs, attorneys and judges and implement the curricula via training and/or information to the groups to be trained. The IDHS' Bureau of Quality Improvement will evaluate effectiveness of IDHS field staff efforts to increase father and NCP engagement through developing and implementing an evaluation plan and analyzing the findings with a report to central office and field staff to inform field practice.

Iowa will access training/technical assistance from the National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System (QIC-NRF), such as reviewing QIC-NRF caseworker curricula and exploring QIC-NRF available resources to enhance father engagement and build external stakeholders' capacity to serve fathers effectively in the community.

SECTION I: ADOPTION INCENTIVE PAYMENTS

The State of Iowa does not receive any adoption incentive payments.

SECTION J: CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Iowa's subsidized guardianship waiver project was initiated on February 1, 2007. Since the initiation of the program, a total of 1,987 were identified as meeting eligibility to be included in the project. The random selection of children into control and experimental groups resulted in 1,381 children in the experimental group and 606 children in the control group.

Following the passage of the Fostering Connections for Success and Increasing Adoptions Act of 2008 (FSCIAA), Iowa began the process to terminate the waiver and implement subsidized guardianship according to the FCSIAA legislation. Administrative rules were filed to end the waiver and implement the new subsidized guardianship program with an anticipated start date of February 1, 2010. As work began toward implementation, questions arose regarding whether the program could be cost neutral as no additional funds were appropriated to implement the program. Questions also arose regarding system readiness. Due to these concerns, the rules were amended and the waiver ended effective September 1, 2010, but Iowa did not implement the new program.

There are currently 32 children in subsidized guardianship placements. Currently, the State of Iowa does not have any child welfare waiver demonstration activities.

SECTION K: QUALITY ASSURANCE SYSTEM

As a result of Iowa's 2003 CFSR, Iowa implemented and continuously operates an identifiable Quality Assurance and Improvement (QA&I) system. The QA&I system serves all of Iowa's 99 counties. The QA&I system evaluates the quality of services, identifies strengths and addresses prioritized need areas of the service delivery system, and provides relevant analysis and reporting of the performance of Iowa's child welfare system.

The organizational structure for the QA&I effort includes the Bureau of Quality Improvement, a unit for statewide guidance, support and coordination. In addition, QA&I includes a dedicated Quality Improvement Coordinator in each of the state's Service Areas and centralized Management Analysts, who provide data support and analysis to all service areas. The QA&I system links and coordinates with the Service Area Managers for improvement efforts and with the Service Business Team and the IDHS Cabinet for statewide projects requiring coordination or allocation of resources.

The IDHS' QA&I system focuses on ensuring the quality and effectiveness of services to children and families by:

- Establishing desired outcomes and standards of expected performance. The Iowa QA&I system relies primarily on two complementary sets of standards and expectations to assess quality services and results: 1) CFSR Standards, and 2) The IDHS Child Welfare Model of Practice;
- Monitoring actual performance and outcomes and comparing them with expectations for performance and outcomes;
- Analyzing discrepancies between desired and actual performance;
- Based on analysis, prioritizing focused goals for improvement; and
- Implementing strategies to improve, monitor results and adjust strategies when needed.

The IDHS leadership identifies key performance areas for the state. These are a subset of all CFSR measures that are prioritized for state focus and are determined by review and analysis of performance reports. The IDHS is moving toward an organized system of prioritizing items in sequence so, as quality improvement efforts are completed, the next focus area is initiated. By identifying statewide priority areas, Iowa creates focus, alignment, and consistency in effort. Staff reviews monthly, at the service area level, and statewide at all levels throughout the IDHS, data on the priority items. Staff analyzes the data identifying trends, which helps to determine where strategies are effective and where strategies need enhanced. It also easily identifies those service areas that are achieving the established

target, which leads to sharing of information on effective strategies that may be implemented across service areas.

Effective July 1, 2009, Iowa began using the federal CFSR case reading instructions and collecting data on the 7 outcomes and 23 items. At this time, Iowa does not have the capacity to record electronically the sub questions within items 1 – 23. Quality Improvement Coordinators assisted in training staff on a common lens to view the items within the federal case reading tool. Supervisors, Quality Improvement Coordinators, and local management routinely review the data and evaluate where strategies are working, where practice issues can be strengthened, and what strategies may be implemented that can impact multiple items within the federal standards.

2010 CFSR: Due to the 2010 CFSR concerns regarding the QA system addressing key practice areas effectively, providing feedback on findings, or evaluating program improvement measures, particularly as it relates to case reviews, Quality Improvement Coordinators will conduct the case reviews for the PIP as outlined below.

2011 CFSR PIP (to be implemented over the next two years): The federal CFSR on-site review found issues regarding the validity of Iowa's Quality Assurance System case review data. Specifically, the data Iowa provided in the statewide assessment was not representative of what was found during the on-site review. Therefore, Iowa will need to enhance its case review process and establish baselines for those items that are monitored through case readings. After coordinating with the National Resource Center for Organizational Improvement (NRCOI) to receive training/clarifications of the Child and Family Service Review (CFSR) Onsite Review Instrument, Quality Improvement Coordinators will utilize the same period under review that was used in the on-site review (April 2009 to August 2010) to establish Iowa's baseline performance. The results will provide comparison data relative to the on-site findings, providing a quality check regarding increased validity of our data.

Iowa will utilize the following measurement methodologies for PIP purposes:

- Administrative data from State Automated Child Welfare Information System (SACWIS), including composite performance, and each of the measures which contribute to the composites;
- IDHS' Bureau of Quality Improvement will conduct case reviews utilizing the federal Child and Family Services Review Onsite Review Instrument;
- IDHS' Bureau of Quality Improvement will conduct periodic targeted reviews of a small number of cases specific to understanding factors impacting performance, as needed, determined by the Service Business Team following review and analysis of monthly and quarterly progress reports;
- The satisfaction survey for Family Team Decision-Making Meeting (FTDM) participants to complete to evaluate effectiveness of engagement strategies; and
- Periodic direct conversation and/or observation of family engagement in FTDM, determined by the Service Business Team, following review and analysis of monthly and quarterly progress reports.

Iowa will utilize the following available data:

- Administrative data will be used for all items for which it is available (e.g., Items 2, 5, 6 and 8). Data from the SACWIS system is Iowa's preferred source.
- Case reviews will be used to monitor all items for which administrative data is not available (e.g., Items 1, 3, 4, 7, 9, 10, 17, 18, 19, and 20). Due to on-site review concerns regarding the QA system addressing key practice areas effectively, providing feedback on findings, or evaluating program improvement measures, particularly as it relates to case reviews, Iowa will need to establish baselines for these items.

- Case readings will be gathered quarterly through case reviews once the PIP-related requested training, support, and clarifications are in place (see IV. PIP Matrix for more information).
- Baselines will cover the same period under review used in Iowa's on-site Federal CFSR review (April 2009 – August 2010). This will provide comparison data relative to federal results and provide information as to the validity of case review data.

Iowa's Quality Assurance and Improvement (QA&I) review process will comprise the following elements:

- Type(s) of review:
 - Case Readings:
 - Five Quality Improvement Coordinators will:
 - serve as case reviewers;
 - receive training from an approved trainer, similar to that given to reviewers prior to an on-site review;
 - read then the first month's sample (25 of the first quarter's 75 cases) with the approved trainer acting as mentor and second level reviewer; and
 - continue to review cases each quarter, including a mix of cases within and outside areas where they are housed, and with a mix of trained independent and peer reviewers from staff in the Bureau of Quality Improvement.
 - Quality Improvement Coordinators will conduct a second level review each quarter for a sample of cases for a discussion of scoring consistency and identification of trends.
 - The review will be a case file review for cases selected by random sample. Additional information will be collected from a sample of families either in person or by phone for items 18 through 20.
 - The review will occur on-site where the file is located and any loose filing will be drop filed in advance of the agreed upon time.
 - Normally the review is expected to be completed without contacting the caseworker, but arrangements will be made so the caseworker or supervisor are available during the case file review to answer any questions which may arise.
 - Analyses: Quality Improvement Bureau staff will conduct a quarterly analysis of administrative and case reading data to identify trends where progress is occurring, and where progress is expected and not occurring. Additionally, a root cause analysis will be used to identify barriers and develop recommendations to improve results. All data and analysis will be submitted to the Service Business Team (SBT) for information and follow-up action when needed.
 - Type(s) of cases reviewed (ie. foster care, in-home):
 - A statewide random sample of cases, including both foster care and in-home cases, will be pulled and reviewed each quarter. Over time, the case mix should closely mirror the even mix of the universe of cases in Iowa, which maintains a fairly even split between in-home and placement cases.
 - Each case will only be selected once within a 12-month period. Should a case previously randomly selected be selected a second time, it will be pulled and a replacement case selected from the oversample will be substituted.
 - Oversample cases also will be used, when needed, to assure that the quarterly sample has no items with fewer cases than used during the onsite review, e.g. Item 10 – 10 cases.

- Tools or instruments used: Instructions from the CFSR Onsite Review Instrument.
- Types and numbers of cases sampled and reviewed: The federal on-site review used a sample size of 65 to evaluate Iowa performance. For PIP reporting, Iowa will utilize a random sample of foster care and in-home services cases and review 25 cases per month, 75 cases per quarter, for a total of 300 cases per year. The random sample will result in representative proportions of foster care and in-home cases.
- Metropolitan area reviewed for baseline setting and monitoring purposes: Polk County cases will be included in each quarter in the case review sample.
- Period Under Review (PUR): PUR will be an advancing 12 month period from the month of review for each quarter. For example, a review is conducted in June 2011, which means the PUR will be 6/1/10 through 5/30/11. The next review conducted in July 2011 would have a PUR of 7/1/10 through 6/30/11.
- Sustainability: Sustainability was a significant consideration when developing Iowa's data and measurement plan. Moving from Iowa's current structure of supervisors conducting case reviews for PIP reporting to the Bureau of Quality Improvement will decrease the number of cases read per quarter, which contributes to sustainability without negatively affecting the functionality of the data to represent statewide trends. However, supervisors will remain involved in reviewing cases for their staff but they will not utilize the same review tool and reviews will be focused on targeted CFSR elements.

Enhance Supervision: Iowa recognizes supervision as a key strategy to ensure quality social work practice, to recruit and retain quality social workers, and to support those social workers in ways that enhance morale and job satisfaction, which will improve safety, permanency, and well-being outcomes for the children and families served.

In the 2010 CFSR Final Report, it was noted that Iowa does not meet the national standard for Absence of Maltreatment Recurrence of 94.6%. Iowa's performance was at 91.9%. Findings from the CFSR Final Report also noted that:

- timeframes of initiation for face to face contact with the child victim exceeded State of Iowa policy requirements for the 24 and 96 hour requirements;
- safety and risk assessments were not comprehensive or consistently conducted on an ongoing basis throughout the life of the case; and
- even though Iowa has a wide array of services to provide to families, services did not address the safety concerns and/or the underlying needs of families.

Iowa has policies, procedures, and a comprehensive training program that addresses timeframes for initiation of face-to-face contact with the child victim, appropriate assessments, including those for safety and risk, assessing for underlying needs of families, and permanency planning practices, such as timely establishing appropriate permanency goals, concerted efforts to achieve permanency goals, concurrent planning, etc. Iowa identified that supervisors are a key strategy in improving frontline practice regarding safety, permanency, and well-being for children.

To support supervisors' effectiveness with their staff and to improve frontline practice, Iowa will implement a model of supervisory practice. The DHS' Bureau of Service Support and Training and Social Work Administrators (SWAs) will collaborate with the National Resource Center for In-Home Services (NRCIHS) to perform work, which will include but not be limited to the following:

- Review and assess utilization of the University of Iowa Supervisory Cohort Training;
- Assess resources for development of the model of supervisory practice, including peer and/or mentored support or champions;

- Review supervisor competencies;
- Develop and/or select a model of supervisory practice that will undergird frontline practice related to safety, permanency, and well-being, such as:
 - Ensuring timeliness of initiation of child abuse assessments;
 - Ensuring that initial and ongoing safety and risk assessments occur;
 - Ensuring underlying issues are identified and appropriate services are provided;
 - Supporting permanency planning practices, including providing services to support placement in lieu of placement changes, establishing timely and appropriate permanency goals, conducting timely, concerted efforts to achieve permanency goals, consistently utilizing concurrent planning, engaging fathers and non-custodial parents, consistently addressing the permanency needs for children with the goal of APPLA;
 - Supporting staff's development of culturally competent practice; and
 - Addressing accessibility of DHS supervisors by workers, families, and providers.
- Coordinate University of Iowa Supervisory Cohort Training and Results Oriented Management (ROM) work and supports to ensure alignment with model of supervisory practice;
- Implement the model of supervisory practice, including necessary training and on-going supports;
- Collaborate with the NRCIHS to develop a framework for evaluating the effectiveness of the model;
- Evaluate the effectiveness of the model; and
- Revise model based upon findings.

DHS' Bureau of Quality Improvement will collaborate with the above group to evaluate effectiveness of the supervisory model of practice on improving Safety Outcomes 1 and 2 and will provide analysis for central office and field staff to consider in revising the model to achieve the desired outcomes.

To assist supervisors and management in supporting and enhancing frontline practice, the DHS' Policy Bureau, University of Kansas, Casey Family Programs, and Iowa's Child Welfare Information System (CWIS) Bureau are collaborating to implement Results Oriented Management (ROM) in Iowa. ROM is a web-based system, which will generate daily reports for supervisors and managers regarding performance on selected indicators. The reports generated from ROM will include the following:

- Permanency Composites 1 through 4, including measures;
- National Safety Data Indicators, Absence of Maltreatment Recurrence and Absence of Maltreatment in Foster Care;
- Permanency outcome indicators for those who entered care 12 months ago and 24 months ago;
- Management reports, such as caseload counts, level of care and length of stay for children in foster care, countdowns to various permanency goals, discharge reason from foster care and re-entry information;
- Monthly caseworker visits with children, including visits for every full month, visits in the home, and those pending or completed; and
- Child protective services indicators, such as report conclusions, investigations completed within 30 days of report receipt, initiating face-to-face contact within 24 hours of report acceptance, and pending investigations.

Supervisors and managers will utilize the reports to drive practice discussions and improvements with staff.

SECTION L: CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

Chafee Foster Care Independence Program

Program Service Description:

There are no revisions to goals and objectives established in the CFSP.

The population to be served includes all of the following:

- The child must be under the age of 21, must be or have been in foster care as defined by 441 IAC 202.1(234) or 45 Code of Federal Regulations 1355.20 as amended to October 1, 2008, and must meet at least one of the following eligibility requirements:
 - Is currently in foster care and is 16 years of age;
 - Was adopted from foster care on or after October 7, 2008 and was at least 16 years of age at the time of adoption;
 - Was placed in a subsidized guardianship arrangement from foster care on or after October 7, 2008, and was at least 16 years of age at the time of placement;
 - Was formerly in foster care and is eligible for and participating in Iowa's aftercare services program as described at 441 IAC 187; or
 - Participating in the Education and Training Voucher program.

Services are available on a statewide basis.

The estimated number of youth to be served in FY 2012 is 2,540 total based upon 1,770 youth in foster care ages 16 and older in FY 2010 (not including 1,177 in trial home visit as their last placement type) and 770 youth served in the aftercare services program in FY 2010.

Collaboration:

Please refer to activities performed in FY 2011 and planned for FY 2012 to coordinated services, in addition to activities undertaken to involve youth (up to age 21) in State agency efforts.

Program Support:

NYTD was implemented in FY 2011 (October 1, 2010).

Please refer to specific training conducted in FY 2011 and planned for FY 2012.

CFCIP Seven Purpose Areas:

1. Help youth transition to self-sufficiency:

Specific Accomplishments achieved to-date in FY 2011:

- State legislation passed during the 2010 session put a greater emphasis on youth, 13 and older, to attend meetings regarding development and planning for placement, services and supports to assist them, especially in the areas of safety, stability, well-being, permanency and attending court hearings on their behalf. Subsequently, there has been an increase in youth involvement statewide regarding case planning and court attendance.



- Due to state legislation passed during the 2009 session (in response to the Foster Connections Act of 2008) and related training to staff, there has been an on-going increase across the state in transition plans personalized at the direction of the youth, honoring the goals and concerns of the youth. Youth-centered transition teams have continued this past year for youth, with the team membership comprised of “professional” staff and those the youth selects to be on the team. This approach not only empowers the youth but assists the youth in being responsible for identifying services and supports needed to reach their goals and increases permanency for the youth by involving the particular people that the youth select as a positive support system. IDHS revised the job description of the Transition Planning Specialists’ (TPS) in the fall of 2010. There are six TPS statewide, with four service areas each having a TPS assigned and one service area currently assigned two. The TPS job description now devotes 30% of the job tracking and monitoring staff to ensure various components of the transition planning process are occurring on a timely basis. Follow-up concerning a tracking system and what indicators to track have been on-going with TPSs and supervisory staff.
- The TPS have been training IDHS staff, juvenile court services (JCS) staff, care providers, youth, and key stakeholders in each of their service areas to facilitate understanding and implementation of a youth-centered transition process along with the key domains necessary for successful transition to adulthood.
- IDHS’ transition plan addresses the specific areas of need, based upon a life skills/needs assessment (the Ansell Casey Life Skills Assessment), education, employment/workforce services and support, health and health care coverage, housing, and supportive relationships. The transition plan, part of the IDHS’ case permanency plan, is completed for youth who are 16 years and older; it is updated and reviewed during case review and within the 90 days prior to discharge. The plan is considered a working document. Additionally, the plan is reviewed for all youth prior to discharge, via the local transition committee review process, to ensure a discharge plan that is individualized for each youth for successful outcomes in adulthood. The committees can either approve a plan or not approve a plan, sending it back to the worker with comments on what further needs to be addressed. Each transition committee sends an annual report to IDHS central office staff, indicating number of plans reviewed and approved along with gaps and barriers in their particular areas needing addressed and suggestions regarding solutions to gaps and barriers. IDHS central office staff review these reports and target the areas needing improvement; one area in particular is linking youth seamlessly with the adult disability system, which in Iowa is county ran. TPS continue to work with county disability systems in their covered areas, also educating workers about the process to get a youth into the adult system.
- The Transition Youth Initiative (TYI) has maintained this past year, with a total of nine sites (sites including single and multiple counties, depending on urban or rural in nature) to assist communities in addressing the concerns of youth transitioning out of foster care. Each TYI site focuses on a shared decision-making process, involving youth input and building a community support network for youth aging out of foster care. Additionally, the TYI offers “Dream Team” planning for youth, much like a Family Team Meeting, but with the youth as the driver of the planning. Family Team Meeting facilitators, who received additional training on the Dream Team model, facilitate Dream Teams. Dream Teams were approved as Family Team Meetings by IDHS.
- Iowa Foster Care Youth Council, Iowa’s foster care youth board, has continued to grow in chapters across the state (currently 10 chapters), membership, teaching of life skills on a monthly basis to youth, and advocacy for youth in care. (For more information regarding how Iowa Foster Care Youth Council activities are evaluated/measured, that are continually leading to successful outcomes related to permanency and well-being of older youth in care, see youth engagement.)
- IDHS requested proposals for most of Iowa’s child welfare services, including Family Safety, Risk and Permanency (FSRP) services, group care, supervised apartment living (SAL) foster care

services, and recruitment and retention of resource families. All proposals require life skills services as a part of the service array. Group home facilities (in addition to SAL providers) must have, for the first time, an IDHS approved life skills assessment and life skills curriculum for youth they serve.

Planned Activities for FY 2012:

- Increase understanding by a minimum of 75% of social work case managers and 50% of juvenile court officers of a youth-centered transition planning process, focusing on key areas necessary for successful transition. Measurement will be based upon review of transition plans by local transition committees and by TPS tracking and monitoring of specific transition planning components.
- An IDHS designed and supported online statewide transition tracking system that measures specific benchmarks and indicators for all youth in foster care who are 16 years of age and older. An IDHS transition tracking task team has been formed and has been meeting to make recommendations to the IDHS' service business team.
- Continue on-going training to staff, providers, youth and other key stakeholders on transition needs assessment, resources available to meet needs, IDHS' transition plan and process (including who does what by when). Training will be completed by TPS at the local level and by central office staff through teleconferences, web-based, and in-person training.
- Print the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum to youth in care ages 16 and older, which will be completed this next FY. The TIP for youth will remain in current form (3 ring binders) and the TIP for care providers will remain in current form (bounded printed version). The goal of the TIP is to educate youth and care providers on various components leading to self-sufficiency, including chapters related to housing, transportation, employment skills, education, and money management. The TIP is evaluated by youth for content, youth friendliness, etc. to ensure that TIP is youth-driven and therefore more effective in educating/connecting with youth.
- Continue emphasis on transition plan reviews by local transition committees, particularly with the juvenile court officers who case manage delinquents in care. All youth in foster care must have their transition plan reviewed by a local transition committee prior to the youth turning 17 ½ years of age, or within 30 days of completion if youth enters care at 17 ½ or older. Workers typically have plans reviewed after the youth turns 17 years of age, but can have plan reviews done on an earlier basis. The transition committee review form was changed last year to incorporate the transition components of the Fostering Connections Act; another layer in which to track/monitor for effective transition planning.
- Increase the life skills for children placed in group care due to contract requirements.

2. Help youth receive the education, training and services necessary to obtain employment:

Specific Accomplishments achieved to-date in FY 2011:

- Legislation passed during the 2009 session put greater emphasis on continuity of educational setting for youth entering foster care, immediate and appropriate enrollment of the youth and transfer of school records within 5 school days when the youth moves from one school to another. The Education Collaborative, formed by the Children's Justice Initiative, comprises the Court system, Department of Education (DOE), and the Department of Human Services (IDHS). The Education Collaborative addresses the educational needs of youth in foster care and continues to meet. The educational needs of youth in foster care are measured via case plan reviews, the CFSR, the PIP, and placement proximity to home, with the continual push to keep youth in their current school as appropriate for increased permanency and well-being while the youth is in care.

- A new IDHS form was created by members of the Education Collaborative and is used by IDHS caseworkers to notify a school that a child is in foster care and is transferring schools, triggering a five-day requirement for the district to transfer records. This form notifies the receiving school to enroll the child immediately.
- Education for children in foster care is one of the priority outcome areas for Jim Casey. Youth Policy Institute of Iowa is the Iowa Lead for Jim Casey work and a collaborative member of a number of child welfare partnerships, including the Education Collaborative.
- Iowa continues to receive technical assistance from the Legal Center for Foster Care and Education around best practice and better coordination between IDHS and local school districts regarding sharing of information necessary for youth to achieve best educational outcomes.
- IDHS is sharing data with the DOE under an MOU signed in 2009; however, no conclusions have been drawn to date.
- TPS continue to connect with local school districts and Iowa Area of Education Agencies, which meet the special and unique needs of children in the education system, to promote educational needs of youth in foster care. TPS continue to advocate for and refer youth in foster care with special needs to the Iowa Vocational Rehabilitation agency. TPS also work with and refer youth to Iowa's Job Corps as appropriate.
- TPS continue to connect with the local workforce centers in their areas, specifically regarding WIA; youth across the state are referred often to the workforce center.
- ETV materials were distributed to Iowa's high school guidance counselors, IDHS caseworkers, colleges and universities, foster parents and Iowa's Aftercare Services Network. Additionally, IDHS staff promote the 100% state funded All Iowa Opportunity Foster Care Grant, a financial aid program to assist youth aging out of foster care.
- The Iowa Foster Care Youth Council provides regular education and career opportunities to youth at ten local chapter meetings. Examples of some of the activities are:
 - August 2010:
 - Six youth participated in a Career Exploration workshop held at the Cherokee Middle School. The Cherokee Middle School donated the use of their computer lab.
 - Three Iowa Foster Care Youth Council youth met to welcome four additional youth for the Iowa Western Community College career orientation day. This special session was arranged on the campus of Iowa Western Community College (IWCC) with the help of both IWCC Specialized Student Services and guest speakers from the Iowa College Aid Commission. Youth were taught how to navigate the new ihaveaplaniowa.gov website to apply for financial aid and other educational/vocational support.
 - Ten Iowa Foster Care Youth Council youth met again and welcomed 13 additional youth for the culminating celebration of Iowa's suitcase project. Twenty youth, including one existing Iowa Foster Care Youth Council member, were presented with suitcases. Several community supporters attended, including top local IDHS administrators and a TPS worker.
 - September 2010:
 - Sixteen youth attended the second session of Mid-Iowa Credit Counseling. The presenter focused on banking terms, how financial institutions work, saving tips, and had the youth practice keeping a checkbook registry and keeping it balanced.
 - The Guernsey Foundation awarded the Iowa Foster Care Youth Council youth monies to put together suitcases filled with: comforter, pillow, pillowcase, alarm clock, calculator, tool set, towel sets, and a gift card. There were over 40 suitcases



put together by youth, IDHS volunteers and several UNI student volunteers over the two meetings.

- December 2010: An Iowa Foster Care Youth Council youth spoke at a new foster parent training, speaking about personal stories and experiences. The new Iowa Foster Care Youth Council permanency DVD was shown.
- College and Vocational Training Database: A database was compiled regarding pertinent information (location, cost, majors, housing, transportation, etc.) of all state community college, private colleges, public universities and vocational training programs. It was coded for each Iowa Foster Care Youth Council chapter area and shared with all the chapter facilitators. Youth and chapter facilitators continue to be updated on scholarships and internships available to foster youth.
- IDHS' 101 was presented to all Des Moines Public Schools social workers and nurses as part of their in-service training in an effort to assure that any questions/concerns about appropriate intake procedures were addressed and to assure that the most appropriate referrals are being made. Polk County IDHS is exploring the possibility of presenting IDHS' 101 to teachers at their individual in-service sessions as well.
- In Polk County, each IDHS service supervisor is matched with a set of school social workers. This allows the school social worker to have a contact person if they have any general questions about the IDHS and a contact person if they are unsure if there is a release signed or a social worker assigned. Additionally, during a child protective assessment, the assigned assessment worker can email with the school social worker for necessary information.
- The third judicial district has broken new ground by employing an education specialist to ensure there is a continuum of education services, so no student or family becomes discouraged or disengaged. This approach improves attendance, success in the school and community as a whole, and graduation rates. The education specialist gives youth and their family access to academic information and services so they can make informed decisions. The education specialist is an advocate for the youth and his/her family and liaisons between them, the educational system, the court system and the community as a whole. Problems often are caught before they lead to lost credits or student disengagement. The education specialist is familiar with records, credit audits, transition reports, GED testing and preparation, educational assessment and testing, tutoring, school registration, employment assistance and vocational/post-secondary planning.

Planned Activities for FY 2012:

- Continue and expand collaboration with DOE, Iowa Workforce Development (IWD) and WIA, Job Corps, and Vocational Rehabilitation statewide programs to coordinate better employment training, skills and job placement for youth in care and youth leaving care, with increased numbers of youth participating in the WIA program and Voc Rehabilitation, as appropriate. Explore the possibility of job training skills classes offered to youth in group care.
- Continue collaboration between IDHS, Juvenile Justice System, DOE and key stakeholders to not only meet requirements of Fostering Connections but to best meet youth educational needs, which will lead to better outcomes around permanency and well-being.
- Increase local level interaction and communication between IDHS and DOE staff; currently two service areas have protocol set between IDHS and local school districts regarding youth in foster care, which leads to increased knowledge of the youth's situation and issues that affect not only educational performance but also behavior issues. The goal is to spread this work to a statewide basis, which will lead to better educational, permanency and well-being outcomes for youth.
- Promote ETV's emphasis on availability of vocational and apprenticeship programs at community colleges.

- Continue promotion of the **ihaveaplaniowa.gov**, a DOE website providing a series of interest, skill and ability assessments to middle school and high school students and suggests possible areas of study/job training at the post-secondary level; the website promotes various assessments such as Career Choices, which assists the youth to understand education and employment requirements leading to vocational interests.
- An education practice bulletin will be released to IDHS field and policy staff and posted on IDHS' website in the fall of 2011. The bulletin highlights promising approaches to promote education stability for youth in foster care. Youth in foster care correctly demand, "Do nothing about me without me". The bulletin therefore emphasizes including youth when selecting the appropriate school, classes, and extracurricular activities, which promotes "buy in" and leads to improved academic and behavioral performance. The student should be present and engaged at all educational planning meetings.

3. Help youth prepare for and enter post-secondary training and educational institutions;

Specific Accomplishments achieved to-date in FY 2011:

Please refer to responses in 2. above as well as information in the Education and Training Voucher Program below.

Planned Activities for FY 2012:

Please refer to responses in 2. above as well as information in the Education and Training Voucher Program below.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults:

Specific Accomplishments achieved to-date in FY 2011:

- Increase of approximately 10% of transition plans have goals related to achieving permanency and mentoring opportunities, due to training of staff on Fostering Connections Act and 2009 state legislation along with awareness raised by the TPS.
- The number of youth participating in local Iowa Foster Care Youth Council (foster care youth council) chapters has increased to over 500. The number of communities, training venues, and youth engagement in community initiatives is rising as well. Eighty-seven percent of youth responses were positive when asked to rate whether participating in Iowa Foster Care Youth Council increased their sense of connection to peers, family and/or community. Iowa Foster Care Youth Council has over 10 mentor-mentee matches in Des Moines through Iowa Foster Care Youth Council's mentoring program, initiated in the summer of 2009 and sponsored by a grant from the Child Welfare League of America (CWLA). A partnership is being developed between the Iowa Foster Care Youth Council program and two Des Moines churches to recruit interested older adult church members in becoming trained, long-term mentors for Iowa Foster Care Youth Council youth, leading to more youth having positive adult relationships and permanency.
- ITA Group/Iowa Foster Care Youth Council Collaboration: ITA Group, an advertising agency in West Des Moines, approached Iowa Foster Care Youth Council staff regarding mentoring youth interested in art careers. They also had an interest in devising a community service project for their staff. Together we created an opportunity to show case the art of Iowa Foster Care Youth Council youth and connect them further in their community. The results were a box of 15 greeting cards displaying the art of 19 youth.



- IDHS and the Department of Human Rights, with support from the Iowa Collaboration for Youth Development, are demonstrating promising practices for homeless and transitioning youth in Boone, Iowa through the Runaway and Homeless Youth grant (RHY). During the past year:
 - The “HUB” was created as a “drop in” place for youth to receive mentoring, case management, or learn an independent living skill. The primary case manager is located at the HUB.
 - A Retired Senior Volunteer Program (RSVP) was initiated. Community and state agency staff are collaborating to develop a new mentoring program for homeless and transitioning youth. The recruitment/paperwork process was streamlined to allow for quicker matches of mentors and mentees.
 - Stable Ground: The second group of youth completed a six-week session during this reporting period. A third group began in April 2011.
 - MLK Day of Service (a collaboration with Boone High Key Club to conduct a sock drive): On MLK Day, Iowa had the kick-off for our “ROC the Dream Sock Drive”. Youth decorated boxes and delivered them to several businesses in the Boone community. For one month, community members and schools were encouraged to donate new socks that later were collected and delivered to the middle school, high school, and alternative school. With the assistance of Wal-Mart, over 1,000 pairs of socks were collected for youth.
- Foster Club All-Star: An Iowa youth was selected to be a “Foster Club All Star” for 2011. This provided her the opportunity to mentor with national level speakers and youth advocates. During the past nine months, the youth has helped the RHY project in Boone, Iowa address the needs of homeless and transitioning youth.
- Dream Teams are conducted with youth aging out of care across nine different sites in Iowa (comprising 34 Iowa counties). The Dream Team mission is to preserve the youth’s connections to neighborhood, community, heritage, family, faith and friends. The Dream Team model is much like the Family Team Model except the youth drives the process, including the youth identifying relatives and other supportive adults who they would like to be at their dream team, in addition to peers. It is very youth-centered and includes peer-to-peer support, along with involvement of adult community members, with the hope that the adult can help “coach” the youth and become a permanent part of their support system.
- A provider in Iowa received one of the Fostering Connections Act grants that focus on family finding. The project, known as Families for Iowa’s Children (FIC) was implemented in 26 counties; the goal of the project is youth permanency and the project has an evaluation component built into it.
- Casey Family Foundation sponsored Permanency Roundtables were conducted during this past year with follow-up occurring later this year. The roundtables were in various sites statewide and included a variety of child welfare stakeholders, with the sharing of evidence based and best practices concerning permanency policies and practice.
- The Child Welfare Advocacy Committee (CWAC) has a permanency sub-committee, who this past FY developed a permanency “blueprint” built upon the vision statement and framework that every child deserves a “forever family.” In May 2011, Children’s Justice Initiative, along with assistance from the Casey Family Program and IDHS, sponsored a two-day permanency summit for staff, providers, youth, and other key stakeholders, including staff from DOE and other youth serving agencies, to promote the permanency blueprint statewide to be embraced among staff, entities and stakeholders. Each participant/entity was encouraged to see how their mission/work can promote permanency for Iowa’s children and strategized a means to implement this work. IDHS is dependent upon stakeholders and other systems to ensure a “forever family” for every child; the

summit took this opportunity to initiate others beyond IDHS in developing goals and action steps that build upon the “blueprint.”

- Iowa’s Aftercare program endorsed the CWAC’s “blueprint” and continues to stress permanency goal planning for youth in care to ensure, strengthen, and maintain a positive support system for each youth served.

Planned Activities for FY 2012:

- Increased number of youth with transition plans having realistic goals and specific action steps related to achieving permanency and mentoring opportunities.
- Increased number of youth “aging out” participating in a youth-centered team planning process for permanency and adult living; increased number of youth who have a family relationship or a committed adult to help prepare them for adulthood with a decrease in the #’s of youth who age out of care; this will be measured and evaluated by the TPS tracking system, transition committee reviews, and statewide data.
- The Davenport Iowa Foster Care Youth Council chapter also will implement a mentoring program. There are at least five matches and these matched pairs will meet at least twice per month and get to know each other through visits, activities and regular contact on the phone.
- In the Boone RHY grant project, mentors will be used to work with the youth in a variety of ways, including job training for Caring Hearts, the youth run business.
- Development of a statewide permanency plan (beyond the department) with the large goal of achieving permanency for all children in care, built upon a statewide permanency vision, foundational principles of permanency, and the permanency “blueprint.” Intent is to “saturate” the state with the permanency mission and to integrate permanence with other initiatives.
- Youth in foster care are working on a questionnaire that asks birth parents to explain to their children in foster care the family history, cute or interesting things about the child, and other things “only a mother or father would know”. This project has drawn the support of youth, child welfare providers, birth parents, court professionals and state agency staff. Roll out of this questionnaire is expected for 2012.
- Iowa Foster Care Youth Council has increased efforts to raise awareness to the needs of youth in foster care. The youth have chosen to do so via a multimedia effort, including video interviews of youth, website upgrades and a newsletter. In the past year, Iowa Foster Care Youth Council has begun interviews for a “what is Iowa Foster Care Youth Council” video that will explain how Iowa Foster Care Youth Council supports young people and invites all to participate in a chapter meeting. Also, Iowa Foster Care Youth Council has recently finished a permanency video, which spotlights the reality of disrupted relationships, and ultimately, youth send the powerful message “we are still here, still standing, and standing strong”. The video will be shared at Iowa’s Permanency Summit in 2011. The permanency video and the “What is Iowa Foster Care Youth Council” video are expected on the Achieving Maximum Potential (AMP) website (<http://www.ampiowa.org/>) no later than January 1, 2012. Through financial support from the Chafee Program and other donors, Iowa Foster Care Youth Council ramped up resources for multimedia ventures, such as the permanency video.

5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

Specific Accomplishments achieved to-date in FY 2011:

- The Iowa Aftercare Services Network (IASN), which implemented Iowa's statewide aftercare program in April 2002, continues to be Iowa's contracted Aftercare provider. The program has continued to expand in numbers of youth served and program objectives each year since implementation, particularly since the 2006 implementation of the Preparation for Adult Living (PAL) stipend (state funded) for aftercare youth working or attending school. Basic aftercare participants who are not eligible to participate in the PAL program may be eligible for vendor payments up to \$1200 per calendar year.
- In FY 2010, the IASN served 771 unduplicated youth in PAL and basic aftercare, compared with 662 youth in FY 2009.
- Iowa's aftercare program (basic aftercare and PAL) is results-based and must meet specific National Youth in Transition Database outcome measures in addition to incentives being tied to the specific outcome measures set by the Department in the areas of safe and stable housing, resources to meet living expenses, and positive personal relationships. A thorough needs assessment is conducted with each participant at the start of services and again at exit to measure outcomes, in addition to each participant having a self-sufficiency plan, with individualized goals including housing, permanency, employment, education, health care, community connectedness, high-risk behaviors, and having essential documents.
- Key findings continue to demonstrate significant progress for youth participating in basic aftercare and PAL, in a number of areas, including budgeting, positive relationships, high school graduation, and health care coverage. For this past FY: 88% had their high school diploma, GED or higher degree upon exit as compared to 77% at intake; 99% were enrolled in Medicaid or had other health insurance; more than 93% reported that they had positive, supportive relationships with adults at exit; 89% indicated that they had ready access to health care at exit; over 90% had their social security care at exit compared to 67% at intake; 91% had their own housing at intake as compared to 98% at exit (with 2% housed in residential treatment housing). Reports of suicide attempts for this population have this past FY have shown a positive downward, with 5% reporting they had made plans to attempt suicide (in the past 6 months) at intake and 2% at exit and 3% reporting they had been hospitalized for a suicide attempt (in the past 6 months) at intake and 0% at exit. However, substance abuse continues to increase from intake to exit in the areas of alcohol consumption. The higher indications of alcohol use can, in part, be attributed to participants aging closer to legal drinking age and/or self-medication for undiagnosed or untreated mental health issues. Of the 771 participants in the aftercare program this past year, 54% had diagnosed mental illnesses at intake. The most prevalent diagnosis of youth with SED, aside from multiple mental health diagnosis (50%), was depressive and other mood disorders such as bipolar disorder (25%).
- While it is premature to definitively state that the longer youth receive services the better their outcomes, the results of this cohort analysis provides evidence that this may be the case. Those 132 participants who received services into their last year of eligibility (through age 20) showed a marked improvement in many areas in comparison to those participants who received services for a shorter amount of time. When comparing all participants of the FY 06-10 cohort to those in the cohort who received PAL, we find that the PAL youth have generally better outcomes though the rate of change between the groups would indicate that the non-PAL (basic aftercare) youth make the greater gains.
- FY 2010 began the 3rd year of a 5 year demonstration grant from the Family and Youth Services Bureau (FYSB), focusing on youth between the ages of 16-21 in rural areas who are approaching independence but who have few or no connections to supportive family structures or to their surrounding communities. The pilot site is in Boone County and focuses on improving transition for rural homeless and transitioning youth, which includes those who were in and/or have aged out of the foster care system. The project has developed a "hub" for youth to access community resources and to have a safe place to be in addition to increasing affordable housing options;

additionally the project is partnering with the Retired Seniors Volunteer Program to obtain volunteers and mentors for youth involved in the program. The project is also focusing on employment issues of youth served, including a new youth-run business that will provide lawn and garden care to the elderly and disabled in Boone County; the project is also promoting a DVD to raise awareness to issues facing homeless and transitioning youth.

- Youth who have “aged out” of foster care are represented on several committees within the child welfare system to raise awareness of the issues facing youth transitioning and are drawing support from several local community groups for donations to assist in transitioning and for providing advocacy along with skill training to youth.

Planned Activities for FY 2012:

- Enhance and increase services and supports, centered on evidence-based and best practice, to reduce high-risk behaviors particularly related to substance abuse by 5%.
- Continued increase in numbers of participants on Chafee option Medicaid (known in Iowa as MIYA – Medicaid for Independent Youth Adults); with continued education about the importance of and how to complete/submit the annual Medicaid recertification application. Continued education to youth on the importance of preventative physical, mental and dental health care along with mental health assessments as needed. Assist youth in understanding the importance of taking needed prescribed drugs and receiving medication management services.
- Employ innovative approaches to ensure permanency and increase the number of positive relationships with supportive adults for all participants, involving a variety of means; this is an outcome measured annually by the aftercare contractor via monthly reports received for all youth in the aftercare program which looks at a wide spectrum of outcomes achieved and not achieved. Aftercare staff shares with other staff at quarterly meetings and monthly conference calls successful practices they have put into place.
- Due to the economic times, youth in aftercare have been experiencing a greater hardship in securing employment these past few years. However, this past year marks a decrease from the past few years in the % of youth unemployed, actively seeking employment to 15% at exit compared with 31% at intake. This past year saw a 4% increase for youth employed at intake compared to exit (44% to 48%). The expectation for the IASN is to continually make connections with local businesses to promote higher employment rates for youth served in aftercare.
- Schedule the IASN to do a presentation to the department’s child welfare bureau regarding outcomes of youth in order to inform current child welfare practice.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care;

Specific Accomplishments achieved to-date in FY 2011:

Please refer to responses in 2. above as well as information in the Education and Training Voucher Program below.

Planned Activities for FY 2012:

Please refer to responses in 2. above as well as information in the Education and Training Voucher Program below.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption;

Specific Accomplishments achieved to-date in FY 2011:



- Department manual and administrative rules were revised the previous year to ensure that this population of youth is eligible for and receives all transition planning components from the age of 16-21 as requested.
- Effective 7/1/10, the IASN has been tracking and addressing Chafee program related requests for youth between the ages of 16 to 21. The IASN is also responsible for tracking all such services to enable the Department with the NYTD service reporting requirements.
- Aftercare policy ensures this population is eligible for all basic aftercare services and supports through education of program staff and application materials; additionally, any youth between the ages of 16 through 18 is referred to the aftercare program for independent living services requested.
- New worker training includes training of all Chafee benefits this population is eligible for through in addition to how to make any referrals to the aftercare program on behalf of this specific population.

Planned Activities for FY 2012:

- Continued training and raising awareness for eligibility of Chafee funded services to staff, providers (including foster/adoptive parents), youth, guardians, the judicial system and other key stakeholders, including IFAPA, Kids Net and the education system.

Coordination of services with other Federal and State programs for youth:

Activities performed to-date in FY 2011:

- Coordination of services between the Department and DOE has begun through a variety of activities and initiatives as described above in #2 in order to meet the education needs of youth in foster care.
- Iowa has 3 Transitional Living Programs (TLP) funded through FYSB that are all participating in the 5 year demonstration grant focusing on youth between the ages of 16-21 in rural areas who are approaching independence but are in need of connective supports and housing. While the TLP site in Boone County was selected for the pilot site, all 3 (Youth and Shelter Services, Ames; Foundation 2, Cedar Rapids; United Action for Youth, Iowa City) TLP sites in Iowa are participating in planning, support, and engaged in policy and procedures along with benefiting from best practices learned. The project is reviewing how better coordination can be made with the department's Supervised Apartment Living foster care placement program in addition to ways to better connect with aftercare program services. There is an evaluative component to this project that will measure practices that did or did not lead to outcomes of the grant.
- CFCIP continues to partner with the department contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration, adding CFCIP funding to the overall contract for specific attention to youth in foster care 17 years and older for a more seamless transition to adulthood for those youth with disabilities. Monthly meetings are held with the contractor to discuss appropriateness of referrals made by staff (along with ongoing training to staff regarding what is necessary for a youth to qualify for disability benefits), measurement of disability applications made regarding the numbers approved, not approved and those in which the contractor is appealing.
- As a result of Iowa's Shared Youth Vision initiative, coordination is occurring with the CFCIP programming and the Iowa Workforce Development Department's Workforce Investment Act programs, with understanding of each program's goals and funding and resulting in referrals to WIA for youth in foster care for employment skills training; the WIA measures federally required statistics that indicate success/non-success for all youth served.
- The department coordinates with Vocational Rehabilitation, referring youth with disabilities for job training and job placement; additionally coordination is done with Job Corps for those youth who are appropriate for Job Corps placement.



- Meaningful and ongoing coordination and collaboration continues with the court system for older youth in care and has been most effective with the Iowa Foster Care Youth Council youth council providing training to court staff; training has been conducted through court specific video, personal stories from youth and transition program material to expand the understanding of the needs of this population. Coordination and collaboration occurs with the Court Appointed Special Advocate program director and the IL coordinator of the state.
- The department continues to participate in the Iowa Collaboration for Youth Development (ICYD), a group of youth serving state departments and agencies, to better meet the overall need for youth in Iowa, including those in foster care. The ICYD focuses on various coordinated efforts including the areas of child welfare, education, employment, and services for youth with disabilities.
- The U.S. Department of Housing and Urban Development (HUD) awarded the City of Des Moines Municipal Housing Agency (DMMHA) \$487,320 to issue approximately 100 Family Unification Program (FUP) housing vouchers to families facing homelessness or young adults transitioning from foster care. The solicitation of FUP grant funding fulfills one of the combined City of Des Moines/Polk County's Homeless Coordinating Council's (HCC) key initiatives to create housing options for the homeless population. The Family Unification Program (FUP) will be administered through a local level partnership between DMMHA and the Polk County Department of Human Services. The grant was awarded in late 2010; funding first became available to families and transitioning youth in August of 2011.
- As described in #4 above, the department is working with key stakeholders around the issues of permanency for youth in care.

Planned Activities for FY 2012:

- Continued coordination with the Social Security Administration to ensure disability benefits for older youth in care and for those aging out of care (with continued measurement of activities and accomplishments by the contractor resulting in appropriate referrals by staff and numbers of youth appropriately approved to receive disability benefits); better communication and coordination with Vocational Rehabilitation and the department's Division of Mental Health and Developmental Disabilities to meet the needs of youth with disabilities and special needs.
- Continued coordination with key stakeholders regarding development of a statewide permanency plan for youth in care.
- Continued coordination with the court system; Iowa's Model Court continues pilot the Passport to Adulthood, a tool originated in New York. The Passport is a document containing information of the youth, including education, health, life skills and placement(s), both historical and current status. Continued coordination with Iowa Foster Care Youth Council and the Drake University Legal Center for increased youth leadership, advocacy, and promotion of legislation to better the child welfare system.
- The department will continue to coordinate with Iowa's 3 TLP sites (2 of which are also aftercare providers) in the rural homeless youth project.
- Increased coordination with the Department's foster care recruitment and retention (R & R) contractor to ensure recruitment of more foster families willing for foster teens; this is one of the outcomes of the R & R contract. Along with this, increased coordination with IFAPA to gain foster/adoptive parent input and to address foster/adoptive parent concerns and questions regarding the transitioning of the youth they are fostering and the resources available.
- Increased emphasis on coordination/collaboration with private business (chambers of commerce) for employment opportunities for youth aging out of foster care and for youth in the aftercare program; Iowa Foster Care Youth Council keeps track of collaborations; the aftercare program keeps track in each part of the state regarding partnerships with local businesses.



- 2011 Proposed Iowa Foster Care Youth Council Legislative Agenda Includes: Identity Theft Passport for Minors; simplifying the process for sealing juvenile records; human trafficking; and funding for the PAL program and the Mental Health Waiver.
- The department intends to increase training to school teachers and school social workers in 2012. This is in order to promote education stability for children in foster care, to improve the working relationships of child welfare and educators, and to promote promising practices for meeting the education requirements of Fostering Connections to Success and Increasing Adoptions Act of 2008. For example, a project is underway to provide foster care training to educators as part of the Area Education Agencies school teacher training curriculum.

Specific Training in support of the goals and objectives of the States' CFCIP and to help care providers and staff understand and address the issues confronting adolescents preparing for independent living:

Training activities conducted to-date in FY 2011:

- The Transition Youth Initiative (TYI) continues to have a total of 9 sites (sites including single and multiple counties, depending on urban or rural in nature) to assist communities in addressing the concerns of youth transitioning out of foster care. Trainings are regularly held for facilitators and youth in order for the youth Dream Team process (much like a Family Team Meeting) to be fully understood, for best engagement by the youth, for addressing how to build community connections on behalf of youth transitioning out of foster care and for site sustainability.
- On-going staff training occurs through bi-monthly CIDS calls to social work supervisors on new policies and procedures in all areas of child welfare, including the transitioning process.
- Transition planning training is included in all "New Worker Training" and includes teens in the training, giving their input on what has assisted them most in transitioning and gaps in the system.
- Aftercare training on specific topics is done on a quarterly basis for aftercare staff. For this past FY, training has focused on college supports, trainings available through the Provider Coalition training academy and the department, and the aftercare rent subsidy program. Additionally, at the quarterly meetings, training is completed on any new policies and procedures.
- Life skill training occurs during Iowa Foster Care Youth Council chapter meetings.
- IFAPA oversees training to foster/adoptive parents specific to teen issues, teen development, permanency, and effective transition planning methods/resources available to youth transitioning.
- Youth are involved in foster and adoptive parent licensing training with the goal of recruiting more foster/adoptive parents for teens. Numbers of foster parents recruited to foster teens is reported by the Department's recruitment and retention contractor; numbers of teens adopted is measured on an annual basis.
- On a national level, Iowa Foster Care Youth Council youth and staff have trained twice during the report period. The first training was in August, in Chicago, IL. Two adults and two youth traveled and attended the Pathways to Adulthood 2010 – National Independent Living/Transitional Living Conference. Iowa Foster Care Youth Council was one of the chosen workshops and was highly reviewed based on a post-conference thank-you note. The second conference attended by youth and staff was the CWLA Peer Mentoring Summit in Crystal City, VA in November.
- The Iowa Foster Care Youth Council was asked to develop the youth track for the Risky Business Conference. Risky Business is a youth development conference that brings the best presenters in Iowa and from around the nation. Over 700 youth and child welfare professionals attended the conference in April 2011.
- Iowa Foster Care Youth Council's current training packages can be found on the website and they are offered locally and nationally. In addition to those on the website, staff have developed and given trainings on: Prescription Drugs, Vicarious Trauma, Stress Management, Working with

Sexual Abuse Victims, Mentoring, and many others upon request. Iowa Foster Care Youth Council is gifted with staff and youth experienced in training. Training development is an area of strength.

Planned Activities for FY 2012:

- Continued on-going staff and new worker training and foster/adoptive licensing parent training, with youth input.
- Printing of the 5th edition of the Transition Information Packet (TIP), an extensive resource/curriculum (in a 3 ring binder) to youth in care ages 16 and older, in addition to printing of the 5th edition of the TIP (soft cover bound) for providers (including foster families).
- Continued training of specific life skills conducted via Iowa Foster Care Youth Council chapters.
- Continued partnership with IFAPA on specific training curriculum devoted to teen needs and issues.
- Continued statewide training to staff, providers and youth concerning implementation of NYTD and each of their roles in capturing the required data.
- Continued statewide training by the TPS to staff, youth, in-care providers, aftercare program staff and other key stakeholders concerning Iowa's transition policies and procedures.

If applicable, update the service design and delivery of a new or changed trust fund program.

At this time, Iowa has not established a trust fund program for youth receiving independent living services or transition assistance and does not anticipate doing so during FY 2010-2014.

Describe any activities undertaken to involve youth (up to age 21) in State agency efforts such as the CFSR/PIP process and agency improvement planning efforts.

Youth input is actively sought on an on-going basis for Iowa's transition program and specific to CFSR measurements. All 3 sites reviewed during Iowa's CFSR review (conducted in August 2010) had focus groups that included youth, as part of the onsite review.

Youth input is regularly received from youth participating in the aftercare program, via a survey tool administered to participants on a semi-annual basis to measure youth satisfaction and to gain input for program improvement.

Dream Teams, referenced above, are youth-centered in nature in addition to youth playing a leadership role in the overall Transitioning Youth Initiative. Additionally, various committees have youth representation, including the Child Welfare Advocacy Committee, the Mental Health Planning Council, in addition to youth being involved in PS-MAPP foster parent training, training of staff, courts and other key stakeholders.

Medicaid Coverage for former foster youth ages 18 through 20:

Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), was effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday and meet certain income guidelines. Activities have included on-going training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Iowa has a streamlined procedure for youth automatically continuing on Medicaid via MIYA once their foster care case is closed; continued eligibility for MIYA is dependent upon annual review and it is at this point that we were having large numbers of youth dropping off coverage primarily due to not returning their review form. It has since been stressed to department staff to educate youth on the review procedure prior to discharge from care; additionally aftercare workers have been educated on



the procedure to assist those youth on their caseload with the review process as have foster families. Aftercare staff are continuing to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This has greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage, but is still an issue for those youth who have aged out and are not participating in the aftercare program. Another issue that we have found is that youth are not particularly concerned about the prospect of letting their Medicaid coverage lapse; this is a population that utilizes little preventative medical care and is more apt to go to the emergency room when in time of crisis. Additionally, more education with youth regarding preventive care and basic medical treatment needs to occur to limit the crisis visits to emergency rooms. Numbers of youth enrolled in MIYA are evaluated monthly as well as processes that have been put into place to increase the number of youth remaining on MIYA. The numbers of youth enrolled in MIYA continue to increase each year.

Results of the Indian Tribe consultation (Section 477(b)(3)(G), specifically, as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:

- The highest concentration of Indian children within the state is in the northwest region of Iowa (Woodbury County and surrounding counties – while there is no official tribal presence in Sioux City/Woodbury County, i.e., tribal headquarters or offices), non-governmental programs have been established to identify and address the challenges affecting Indian families in this area of the state (i.e., Community Initiative for Native Children and Families (CINCF), Indian Youth of America, American Indian Council) and in Tama County, with the settlement of the Sac and Fox Nation (who just recently hired a new social work coordinator, whom the TPS in that area connects with). Transition Planning Specialists (TPS) serving these areas, in addition to case managers, meet on a regular basis to share information with the Tribes on new and on-going programs carried out under the Chafee Program. One of the key concerns in the northwest region of Iowa is the over-representation of Native American families in the child welfare system. In response, Woodbury County child welfare system created a specialized Native American team (several years ago) that provides services to Native American children and families, including 2 liaisons to the Native American community, who are also representatives on the CINCF and to Native families involved in the state's child welfare system. The department has also partnered with CINCF, which is a coalition that works to identify and address the issues that impact Native children and families and the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa. Iowa Foster Care Youth Council has increased outreach effort for Indian youth participation in Iowa Foster Care Youth Council support groups or via the Iowa Foster Care Youth Council website; participation of Indian youth on committees related to child welfare or issues involving youth.
- The State of Iowa ensures that Chafee benefits and services are made available to eligible Indian youth on the same basis as all other eligible youth. The department provides the TPS a monthly list of all youth in foster care who have turned 16 years of age (and older teens who have just entered foster care). This list does not indicate race. The TPS use the list to determine which youth need to complete an Ansell-Casey Life Skills Assessment (ACLSA). In addition, Indian youth are provided with the American Indian Supplement of the ACLSA. A written transition plan (part of the overall case plan) is completed with transition team members, including the youth, identifying strengths and needs and how the youth's needs will be addressed, who will be responsible for completing each action step, and by when. The transition plan is to be reviewed and updated at a minimum of every 6 months and within 90 days prior to discharge. Transition Committees are to review transition plans for all youth in care prior to turning 17 ½ years of age. Additionally, the TPS regularly share services and supports (e.g., Aftercare, PAL, MIYA, ETV,

All Iowa Opportunity Foster Care Grant) available to youth once they have “aged out” to staff and providers. Increased outreach is needed for Indian youth participation in Iowa Foster Care Youth Council support groups or via the Iowa Foster Care Youth Council website and participation of Indian youth on committees related to child welfare or issues involving youth due to: turnover of tribe, department, and youth council staff; Indian youth who are residing in areas of the state (rural) where youth council does not have a chapter; transportation issues; and lack of targeted outreach based upon race as opposed to placement type..

- All Chafee (and Chafee related) benefits and services currently available are provided for all eligible youth (including Indian youth), regardless of race or ethnicity, in fulfillment of this section and the purposes of the law, including:
 - On-going transition planning services for all youth in foster care (or who have been adopted or placed into kinship guardianship from foster care on or after their 16th birthday), age 16 and older, including assessing strengths and needs, youth-centered transition plan focusing on who is going to do what by when, on-going review and update of transition plan to best prepare youth for transition into early adulthood and assist them in reaching their goals.
 - Iowa Aftercare Services Network, which addresses the needs of all eligible youth who have “aged-out” of foster care through services, supports, and opportunities designed to help them meet the challenges of living independently and achieve self-sufficiency.
 - Post-secondary financial aid via the Education and Training Voucher program and the All Iowa Opportunity Foster Care Grant.
 - MIYA (Medicaid for Independent Young Adults).
- There has not been a formal request from any Tribe to administer or supervise the CFCIP or ETV program with respect to eligible Indian children and to receive an appropriated portion of the State’s allotment.

NYTD:

Iowa began transition data collection on October 1, 2010 and is prepared to make our first data submission to the Administration for Children and Families by May 15, 2011.

- Independent Living Services and Outcomes Reporting are required: Services reporting: caseworkers report quarterly using a web-based tool which of the Independent Living Services each eligible youth received. This has been very effective, with nearly 100% of caseworkers completed surveys after the first quarter.
- Outcomes reporting requirements: IDHS contracted with a private agency that since October 1, 2010 has been receiving a daily list of eligible youth including contact information; contacting each youth with an opportunity to participate in the survey; and reporting daily back to IDHS their findings. Again, IDHS has been very successful, to date exceeding the 90% minimum survey threshold. This is attributed in part to the respectful process used by the contractor, which gives each youth a choice to participate; an option of phone, mail, or web survey; and provides a gift card for participation.

Training was provided to IDHS staff and Juvenile Court, through a variety of methods to best meet their needs. For example, juvenile court officers were trained by a policy representative from IDHS and a chief juvenile court officer, how to enter Independent Living Skills data on the, IDHS created, web-based tool. Four training opportunities were provided and all were available via the Internet.

Education and Training Voucher (ETV) Program

Program Service Description:

Iowa's ETV program is administered by a single coordinator. Students complete an online application annually, and awards are made until funding is depleted. Students renewing their award receive priority consideration. Once all funds for a particular academic year are committed, a waiting list is started and students are added to the waiting list in date-received order (regardless of renewal status). Awards are made according to the student's grade level and enrollment status; freshmen enrolled full-time can receive up to \$3,000 per year; full-time sophomores can receive up to \$4,000 per year; and juniors and seniors who are enrolled full-time can receive up to \$5,000 per year. Students enrolled less than full-time receive a prorated amount.

Awards are disbursed directly to the college or university by term, in most cases by Electronic Funds Transfer, and the student can receive any leftover funds once the tuition and room and board charges have been paid.

Each year Iowa's ETV application is available online beginning in January and the application for the ETV program has been combined with the application for the state-funded All Iowa Opportunity Foster Care Grant (a program that serves an almost identical population) so students have a very streamlined process of completing one application for multiple grants.

Collaboration:

The ETV program continues to collaborate with the Iowa Foster Care Youth Council, college and university financial aid staff, other state scholarship and grant program administrators, Iowa Aftercare Network, and IDHS Transition Planning staff and program administrators.

Program support:

Technical assistance is provided upon request to college/university staff, Iowa Aftercare Network staff, as well as IDHS Transition Planning Specialists.

Accomplishments and planned activities/Section E:

Help youth receive the education, training and services necessary to obtain employment:

This year, ETV staff collaborated with Iowa Foster Care Youth Council staff to offer workshops to each youth council chapter. The workshops were targeted specifically at getting kids engaged in potential careers.

Each workshop was focused around the I Have a Plan Iowa (IHAPI) website, a comprehensive web-based planning tool that assists Iowans as they explore education and career options. The site is available to every high school (public and non-public) free of charge. Since its launch in August 2009, there have been 223,621 accounts created on the site.

The IHAPI website, www.ihaveaplaniowa.gov, offers an extensive database of career information, including salary projections, education requirements, and future trends for hiring and offers each student the ability to:

- Find a career based on their previous work history;
- Search for careers using interesting topics like salaries, skills, and interests;
- Pick two careers that interest them and compare them side by side; and
- Mix and match their career and life options to create their future.

During each workshop, the youth completed two interest assessments, explored at least one career of their choice, and journaled about the experience. Workshops were conducted in eight of the nine chapters.

Help youth prepare for and enter post-secondary training and educational institutions:

Iowa continues to offer “Fill Out the FAFSA Day”, a day where youth are brought together to complete both the Free Application for Federal Student Aid (FAFSA) and the Iowa Common Application. “Fill Out the FAFSA” days were offered to the Iowa Aftercare Network and Transition Planning Specialists.

The Iowa Common Application is in its second year of existence. The application houses all state and federal grant programs administered by the Iowa College Student Aid Commission and students can complete one application process for up to nine different scholarship and grant programs.

Iowa became one of a handful of states to work with the Federal Department of Education and implement a process whereby a student is directed automatically to the Iowa Common Application when they indicate an Iowa mailing address on their FAFSA. Upon completion/submission of the FAFSA, if the student listed a permanent address in Iowa, they are directed automatically to the IHAPI website where they are encouraged to complete and submit the Iowa Common Application. This is one more way to link them up with all possible post-secondary resources.

Iowa’s ETV program continues to receive more applications than we can fund. Students in Iowa are definitely informed about the existence of the ETV and Foster Grant programs and have learned to apply early in the year. Our applications this year are up 24%.

Planned activities for next year include:

Some colleges have indicated an interest in learning about the foster alumni population on their campus. The Iowa College Student Aid Commission is planning to prepare a report of what kinds of support (beyond financial aid dollars) are available to this population. The report probably will be distributed/discussed at an annual meeting of Iowa financial aid personnel.

Next year, Iowa will promote the availability of FAFSA day earlier in the year to maximize the number of events held. This year only a handful of events were scheduled, partially due to the extreme winter weather and partially due to the short notice. Beginning in the fall of 2011, we will let the Foster Care Youth Council chapters, Aftercare Network and Transition Planning Specialists know that the ETV Coordinator is available to assist with FAFSA and Iowa Common Application completion.

Indicate how the ETV program is administered/Section E:

Iowa’s ETV Program is administered by a state agency, the Iowa College Student Aid Commission, through an Intergovernmental Agreement executed by the Iowa Department of Human Services. The Commission is the state-designated administrator of the All Iowa Opportunity Foster Care Grant, a college grant program that assists an almost identical population as the ETV.

SECTION M: STATISTICAL AND SUPPORTING INFORMATION

Education and Training Vouchers

Following is the number of youth who received ETV awards from July 1, 2009 through June 30, 2010 (the 2009-2010 School Year) and July 1, 2010 through June 30, 2011 (the 2010-2011 School Year):

2009-2010 School Years	2010-2011 School Years (to date)
104 New Awards	116 New Awards
<u>79 Renewals</u>	<u>77 Renewals</u>
183 Total Awards	193 Total Awards (to date)

Inter-Country Adoptions

This section provides a description of the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services. Iowa can now collect automated information regarding:

- The number of children who: were adopted from other countries or who enter into State custody because of the disruption of a placement for adoption or the dissolution of an adoption;
- The agencies that handled the placement or the adoption;
- The plans for the child; and
- The reasons for the disruption or dissolution.

The FACS system has the capacity to track adoption disruptions when the adopted child enters the child welfare system. When a child is entered into the FACS system, there must be an entry that indicates whether the child was previously adopted, the type of adoption [public, private, or international] and the agency that handled the adoption if it was a private or international adoption. The reason for entry into the child welfare system also is recorded. Revisions to the Case Permanency Plan are being considered to document the steps that are made to locate a permanent placement for these children.

In State Fiscal Year 2010 (July 1, 2009 – June 30, 2010), two children entered into out of home care who were adopted internationally. Both children entered care due to behavioral and mental health concerns. Both children were adopted through Russia, one through Commonwealth Adoptions International, and one through Holt International. Parents of both children have voluntarily terminated their parental rights. One child has been subsequently adopted and one child has a permanency goal of adoption.

SECTION N. FINANCIAL INFORMATION

Payment Limitation: Title IV-B, Subpart 1:

Iowa’s title IV-B maintenance cap is \$724,000. This amount was used for foster care maintenance in FY 2005. The same amount is allocated for foster care maintenance in FY 2012. Iowa does not use title IV-B, subpart 1 funds for child care or adoption assistance payments.

The amount of state expenditures of non-federal funds for foster care maintenance payments applied as state match for title IV-B, subpart 1, in FY 2005 was \$241,334. The same amount of non-federal funds expended for foster care maintenance payments will be applied as state match in FY 2012.

Payment Limitation: Title IV-B, Subpart 2:

Financial information comparing SFY 2009 state and local share spending for subpart 2 programs against the 1992 base year amount as required to meet the non-supplementation requirements in section 432(a)(7)(A) of the Act.

Category	FY 2009	FY 1992
Family Preservation	-	-
Family Support	2,112,423	581,841
Family Reunification	184,118	-
Adoption Promotion	220,309	-
Other Service Related Activities	185,057	-
Total Administration	50,112	-
Total	2,752,019	581,841

In FY 2007, Iowa began targeting the adoption promotion portion of PSSF funds to provide adoption support services to adoptive families via the statewide Resource and Recruitment contract. The FY 1992 baseline was updated to reflect that change in the use of these funds.